

INDEPENDENT HEALTH INSURANCE PLANS IN THE UNITED STATES

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Office of Research and Statistics
Research Report No. 17



Independent Health Insurance Plans in the United States 1965 Survey

**by
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**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
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Foreword

THIS REPORT gives the results of a survey undertaken in 1965 by the Office of Research and Statistics of the Social Security Administration of all "independent" health insurance plans known to the Social Security Administration.

The "independent" plans (all health insurance plans and organizations other than Blue Cross-Blue Shield and insurance companies) constitute a small but significant segment of private health insurance in the United States. The surveys of such plans which have been conducted from time to time since 1943 by the Office of Research and Statistics or its predecessor units are the sole source of national data on the number and types of such plans, their enrollment, benefits provided, income, benefit expenditures and operating expenses.

The survey was planned and directed and most of the report written by Louis S. Reed. Arne H. Anderson supervised the later stages of data collection, analyzed the tabulations and assisted in preparing the report. Ruth S. Hanft assisted in the early stages of planning and data collection.

IDA C. MERRIAM,
Assistant Commissioner for Research and Statistics.

JULY 1966.

Contents

	Page
I. INTRODUCTION	1
Types of Plans	2
Method of Survey	3
II. FINDINGS—ALL PLANS	6
Plans and Enrollment	6
Coverage of Dependents	7
Size of Plans	9
Benefits Provided	11
Geographical Distribution	16
Finances	20
III. GROUP PRACTICE PLANS	31
Plans and Enrollment	32
Coverage of Dependents	34
Size of Plans	35
Benefits Provided	36
Facilities and Health Personnel	37
Geographical Distribution	43
Finances	46
IV. SPECIAL ASPECTS	53
Arrangements for Drugs and Eyeglasses	53
Coverage of Retired Workers	56
V. CHANGES IN PLANS, ENROLLMENT AND FINANCES, 1943-1964	59
Plans and Enrollment	59
Income and Benefit Expenditures	63
APPENDIX A. Questionnaire and Survey Letter	67
B. Plans in Puerto Rico	73
C. Enrollment and Income of Nine Large Community Plans, 1950-1964	75
D. Directory of Independent Health Insurance Plans, 1965	77

I. INTRODUCTION

THIS REPORT gives the findings of a survey, conducted in the spring and early summer of 1965 by the Office of Research and Statistics of the Social Security Administration, of all "independent" health insurance plans in the United States. "Independent" plans are all plans or organizations, other than Blue Cross or Blue Shield plans and insurance companies, which directly provide on a prepayment, group payment or insurance basis one or more types of health services or health care benefits.¹ As thus defined, only plans which provide round-the-clock coverage of general illness throughout the entire year are included; thus, college or university student health service programs, which provide care for students only while on the campus, and industrial in-plant health services, which provide care only for work accidents or minor illnesses, are not included.

Independent health insurance plans are a small but significant segment of all health insurance in the United States. They provide one or more types of health care benefits for some 10 million people—about 7 percent of the gross enrollment of all types of health insurance organizations in 1964. Their income from subscribers or employer-employee contributions in 1964 was about 6 percent of the subscription or premium income of all health insurance organizations. However, the plans are unusual in that many of them provide service through group practice arrangements and are thus experimenting with arrangements which, in the opinion of some, may make valuable contributions to the future organization of health care in this country. Others are unusual in that they provide new types of benefits—not as yet generally provided by the Blue plans or insurance companies. Hence, in their role of experimenters with new patterns of medical practice or new types of benefits, the plans may have significance beyond that indicated by their share of health insurance enrollment and income.

The Office of Research and Statistics or its predecessor units has been making periodic surveys of the independent plans for well over 20 years. Surveys of all known plans of this type were made in, or obtained data

¹ The term "independent" is not fully accurate—the plans are not independent of anything. But the term is used because, in general, these organizations are not affiliated with any national organization to which they regularly make statistical reports. The term has come into general usage as denoting all plans other than Blue Cross or Blue Shield plans and insurance companies.

relating to, 1943, 1949, 1953, 1956, 1959, and 1961.² These surveys have been the sole source of national data on the number and types of such plans, their benefits, enrollment, location, and finances. In recent years, surveys have been made in intervening years of a small sample of the larger plans to provide a basis for estimates for these years of enrollment, income and benefit expenditures.³

Types of Plans

The plans may be classified into five main types, depending upon their sponsorship and groups served: the community-consumer plans; employer-employee-union plans; medical society plans other than Blue Shield; private group clinic plans; and dental society plans.

The *community-consumer plans* (with one or two exceptions) are non-profit plans serving the general community or a particular consumer group. In general these plans are operated or controlled by a board of directors composed of community leaders or representatives of the consumer group served. Approximately 80 percent of the enrollment in these plans is in a relatively small number of well-known plans: the Kaiser Foundation Health Plans of Northern and Southern California, Oregon and Hawaii; the Health Insurance Plan of Greater New York; Group Health Insurance, Inc. (New York City); Group Health Cooperative of Puget Sound (Seattle, Washington); Community Health Association (Detroit, Michigan); Group Health Association (Washington, D.C.). All of these, except Group Health Insurance, Inc., provide care through group practice. The community-consumer group also includes a few plans which serve the general population but are operated for profit by the persons who control them, and are not considered to be insurance companies.

The *employer-employee-union plans* (which may also be called industrial plans), are operated by jointly managed (employer-union) welfare funds, employers, employee benefit associations or unions, and serve a specified group of employees or union members. Most of these plans are operated by jointly managed welfare funds, i. e., funds financed in whole or in part by employer contributions and which under Federal legislation

²See Margaret C. Klem, *Prepayment Medical Care Organizations*, Bureau of Research and Statistics, Social Security Board, Bureau Memorandum No. 55 (published in three editions from 1943-45); Agnes W. Brewster, *Independent Plans Providing Medical Care and Hospitalization Insurance in 1949 in the United States*, Division of Research and Statistics, Social Security Administration, Bureau Memorandum No. 72, 1952; Agnes W. Brewster, "Independent Plans Providing Medical Care and Hospital Insurance, 1954 Survey," *Social Security Bulletin*, April 1955; same author and same title but "1957 Survey," *Social Security Bulletin*, April 1958; same author and same title but "1959 Survey," *Social Security Bulletin*, February 1961; and Donald G. Hay, Louis S. Reed and Robert E. Melia, *Independent Health Insurance Plans in the United States-1961*, Research Report No. 2, Division of Research and Statistics, Social Security Administration, 1963.

³ See Research and Statistics Note No. 8-1964 and No. 15-1965, Office of Research and Statistics, Social Security Administration.

(the Taft-Hartley Act) must be managed by trustees appointed in equal numbers by the union and the employer or employers.⁴

Other plans are operated by an employer or employer association for the benefit of the employees; by an employee benefit association; by a union (generally without employer contributions); or jointly by representatives of an employee benefit association and the employer.

Many employer-employee-union plans, in addition to directly providing one or more types of health benefits, also purchase coverage of other health benefits from a Blue plan, an insurance company or a community independent plan. As will be indicated in more detail later, approximately a third of the organizations in this group provide one or more benefits through group practice arrangements, i.e., through their own clinic or hospital facilities and a staff of salaried physicians or dentists. The remainder make payments directly to hospitals or physicians for care rendered to covered persons or reimburse covered persons for illness expense incurred.

Medical society plans (not Blue Shield) are those operated or sponsored by medical societies. They provide service on a free-choice-of-physician basis. Formerly there were a considerable number of plans of this type, but more and more have affiliated with Blue Shield and at present only two such medical society plans with a quite small enrollment remain.

Private group clinic plans are those operated by a private group clinic of physicians or dentists. Here a group of physicians or dentists, organized as a partnership or association, offers services to patients on a prepayment basis. The number of such plans and their enrollment is relatively small.

Dental society plans are those sponsored by dental societies. They consist of the "dental service corporations" which have been established by a number of State dental societies. These plans are similar to Blue Shield plans; they are nonprofit, provide benefits on a free-choice-of-dentist basis and are controlled by boards of trustees composed wholly or mainly of dentists.

Method of Survey

The present survey was similar to but somewhat more extensive than former surveys. The questionnaire used is shown in Appendix A.

The mailing list for the survey consisted primarily of the plans which over the years in one way or another have come to the attention of the Social Security Administration and were on its current list of independent plans. This list consists of plans known from former surveys⁵ with additions and deletions made on the basis of items about independent

⁴ Excepting union welfare funds which were established prior to the passage of the Taft-Hartley Act; such funds need not have employer trustees.

⁵ See *Independent Health Insurance Plans—A List by States, June 1962*, and 1963 supplement contained in the appendix of the report on the 1961-62 Survey (Research Report No. 2).

plans in newspaper and magazine articles and information from other sources.

In addition, the Office of Research and Statistics obtained the names and addresses of several hundred industrial plans reported to be self-insured for health care benefits from lists furnished by the Office of Labor-Management and Welfare-Pension Reports of the Department of Labor. Under the Federal Welfare and Pension Plans Disclosure Act, any plan, fund or program established by an employer, an employee organization, or both jointly, for the purpose of providing welfare or retirement benefits for its participants or beneficiaries, must register with the Department of Labor (if it covers more than 25 participants), and must file an annual report (if it covers 100 or more participants). From the most recent plan descriptions and the 1961 annual reports, the Office of Labor-Management and Welfare-Pension Reports developed lists of exclusively self-insured and unfunded plans showing types of benefits provided, similar lists of partly insured and partly self-insured, and combination (funded and unfunded) plans, all of which were made available to the Office of Research and Statistics.

From the lists of exclusively self-insured and unfunded plans, the names of plans providing health care benefits of one sort or another were taken off. From the lists of insured and self-insured, and combination plans, it was determined which plans provided health care benefits of any type and, from information contained in the plan's 1963 annual report, which of these appeared to be self-insured with respect to health care benefits. The names of prospective plans were then checked against the ORS file of independent plans in order to weed out duplications.⁶

The first mailings of questionnaires were made in March and April, 1965. A "follow-up" mailing was made to non-respondents about a month later and a second "follow-up" was made after another month. (See Appendix A for initial letter.) Particular attention was paid to all plans with more than 20,000 participants and through special letters and telephone calls, replies were eventually received from all of these. The deadline for receipt of usable replies was September 1st; no questionnaire coming in after this time was included in the tabulations.

All told, questionnaires were addressed to 1,310 organizations and replies were received from 1,036 of these. The responses were scrutinized with great care to assure that plans were indeed "independent," and those classified as not independent after such scrutiny—combined with those who stated they were not independent—totalled 431. (A fair number of

⁶ The names of additional plans obtained in this way could include some that were not self-insured for health benefits because some unfunded plans might purchase insurance and some plans which actually were funded might describe themselves as unfunded because the reporting requirement would be simpler in this case.

plans desiring to be cooperative filled out the questionnaire even though they purchased insurance coverage for all health benefits.)⁷

Of the 605 organizations whose replies were deemed to be usable as describing independent plans, 6 were received too late to be included in the tabulation and 17 were from plans in Puerto Rico.⁸ Thus, the tables in this report relate to 582 plans in the United States.

After a plan was determined to be independent, further scrutiny and editing of the questionnaire was undertaken to assure that the plan was correctly classified as regards type of plan and method of providing service, and that the data on enrollment for specified benefits was consistent, etc. In a few cases, plans indicated that dependents were covered but gave no information on the number of dependents; in these cases, the number of dependents was estimated by assuming 1½ dependents per employed person covered. The problems which arose in the handling of the data on finances will be discussed in the section dealing with finances.

The data set forth in this report relate to responding plans which were determined to be independent plans. In the 1961-62 survey, data were included in one section of the report for some 286 plans which did not respond in that survey, but had responded to previous surveys, with enrollment and financial data being estimated on the basis of previous returns. This was not done in the present survey.

It is obvious that there are other "independent" plans not included in this survey. There is no known means of safely estimating the number or enrollment of such plans. It is believed that while there might be as many as 100 or so of such plans, they are small in size. The inclusion of their enrollment would not substantially modify the data presented here for the responding plans.

⁷ A small number of plans were classified as not independent even though they technically met the definition of independent plans. Most of these were organizations which were insured for health benefits but had some supplementary plan under which very minor amounts were paid out for health benefits. It was believed that inclusion of such plans would distort the data for other plans. A few plans covering a very small number of workers—less than 50—were also excluded.

⁸ Separate tabulations of these plans are given in Appendix B.

II. FINDINGS—ALL PLANS

Plans and Enrollment

The 582 plans in the United States (exclusive of Puerto Rico) dealt with in this report had a total gross enrollment for any type of benefit at the end of 1964 of 10,025,000 persons (table 1).¹ There may be some slight duplication in coverage, particularly as between the dental society and other plans, but there is no basis for estimating the amount.

The vast majority of the plans—87 percent—are of the employer-employee-union type and these plans had 57 percent of the total enrollment for any benefit. Community plans constituted 7 percent of the total number of plans but had 35 percent of the total enrollment. More than 80 percent of the total enrollment of these plans is in the nine large plans mentioned earlier. The medical society plans (not affiliated with Blue Shield) are negligible, both in number and enrollment. Twenty-one private group clinic plans responded to the survey; they had 3 percent of the total enrollment. There were nine dental society sponsored plans, i.e., dental service corporations, active at the end of 1964; they had 6 percent of the total enrollment.

Among the industrial plans, the largest group is the plans operated by union-employer welfare funds. These have almost half of the enrollment

TABLE 1.—Plans and enrollment, by type of plan

Type of plan	Plans		Enrollment	
	Number	Percent distribution	Number (in thousands)	Percent distribution
All plans.....	582	100.0	10,025.0	100.0
Community.....	43	7.4	3,477.9	34.7
Employer-employee-union.....	507	87.1	5,711.7	57.0
Union-employer welfare fund.....	202	34.7	2,593.9	25.9
Employer or employer association.....	117	20.1	893.8	8.9
Union.....	17	2.9	672.4	6.7
Employee association.....	74	12.7	541.5	5.4
Employer-employee association.....	97	16.7	1,010.0	10.1
Medical society.....	2	.3	10.4	.1
Private group clinic.....	21	3.6	276.0	2.8
Dental society.....	9	1.5	549.0	5.5

¹ Data on plans in Puerto Rico are given in Appendix B. There were no independent plans, so far as known, in the Virgin Islands, Guam and other outlying territories.

of the industrial plans. (The Taft-Hartley Act requires that such funds established after enactment, if financed in whole or in part by employer contributions, be managed by equal numbers of union and employer trustees.) The next largest group of plans consists of those operated by a single employer for his own employees or very rarely by an association of employers for their employees. Plans operated by unions are few in number, but several of them are fairly sizeable. The larger ones are those of unions of Federal Government employees which provide benefits under the Federal Employees Health Benefits program, and as participants in this program are authorized to receive the same contributions from the Federal Government as employer as do other plans providing benefits under the program. (In general, union plans, which must be financed wholly by contributions coming from the members, are less advantageous than welfare funds as a vehicle for providing welfare benefits since a union member's contributions are paid out of his income after taxes while employer contributions are not taxable as personal income and are counted as a business expense of the employer.)

The number of United States plans reporting in the present survey (582) was slightly larger than the number reporting in the 1962 survey (relating to 1961)—506 plans.² However, the earlier survey counted the four Kaiser plans as one plan and all of the 49 local plans of the International Ladies' Garment Workers' Union as a single plan, so the comparable figures would be 582 and 557. The total enrollment of plans reporting in this survey is about 15 percent greater than that of plans reporting in the 1962 survey. Most of the increase is in the industrial plans.

The number of community plans reporting declined from 55 to 43 and enrollment increased from 3,200,000 to 3,500,000.³ Virtually all of the 22 medical society plans included in the 1962 survey had become Blue Shield plans by 1964 and so ceased to be independent plans. The dental society plans increased from two to nine and their enrollment more than trebled.

Coverage of Dependents

Tables 2 and 3 relate to coverage of dependents. Some 70 percent of the plans cover dependents. The proportion ranges from 100 percent among the medical society plans and 88 percent among the community plans to

² Exclusive of the 10 in Puerto Rico. The overall data in the report on that survey (Research Report No. 2., op. cit.) include plans in Puerto Rico.

³ The decrease in number of community plans is due in part to the fact that certain plans included as community plans in the 1962 survey were not included in this survey because they were considered to be insurance companies. The larger community plans mentioned above all had increases in enrollment but this was partly counterbalanced by the loss of enrollment from plans excluded.

TABLE 2.—Coverage of dependents, by type of plan

Type of plan	Plans			Enrollment		
	Total	Covering dependents		Total (thousands)	In plans covering dependents	
		Number	Percent of total		Number (thousands)	Percent of total
All plans-----	582	405	69.6	10,025.0	9,011.6	89.9
Community-----	43	38	88.4	3,477.9	3,430.7	98.6
Employer-employee-union-----	507	341	67.3	5,711.7	4,753.5	83.2
Union-employer welfare fund-----	202	136	67.3	2,593.9	2,157.8	83.2
Employer or employer association-----	117	92	78.6	893.8	873.2	97.7
Union-----	17	9	52.9	672.4	568.9	84.6
Employee association-----	74	36	48.6	541.5	323.7	59.8
Employer-employee association-----	97	68	70.1	1,010.0	829.9	81.2
Medical society-----	2	2	100.0	10.4	10.4	100.0
Private group clinic-----	21	17	81.0	276.0	269.7	97.8
Dental society-----	9	7	77.8	549.0	547.3	99.7

TABLE 3.—Subscribers and dependents enrolled, by type of plan

[Enrollment in thousands]

Type of plan	Total enrollment	Subscribers ¹	Dependents	
			Number	Percent of total
All plans-----	10,025.0	4,360.4	5,664.6	56.5
Community-----	3,477.9	1,380.2	2,097.8	60.3
Employer-employee-union-----	5,711.7	2,596.7	3,115.0	54.5
Union-employer welfare fund-----	2,593.9	1,202.5	1,391.5	53.6
Employer or employer association-----	893.8	329.8	564.0	63.1
Union-----	672.4	273.1	399.3	59.4
Employee association-----	541.5	330.2	211.4	39.0
Employer-employee association-----	1,010.0	461.2	548.8	54.3
Medical society-----	10.4	5.3	5.1	48.7
Private group clinic-----	276.0	91.3	184.7	66.9
Dental society-----	549.0	286.9	262.1	47.7

¹ Includes active and retired employees in employer-employee-union plans.

67 percent among the employer-employee-union plans. However, the larger plans tend to cover dependents, with the result that the enrollment of the plans covering dependents constitutes 90 percent of the total enrollment in all plans.

Although about a third of the employer-employee-union plans do not provide benefits for dependents these have only 17 percent of the total enrollment in such plans. The proportion covering dependents is especially low among the union and employee benefit association programs. (Most of the railway hospital associations are organized as employee benefit associations and practically all of these serve employees only; this accounts for the fact that only 60 percent of the enrollment in employee association plans is in plans covering dependents.)

Of the total enrollment in all plans (table 3), 43.5 percent consists of subscribers, employees and annuitants, and 56.5 percent of dependents. Subscribers (employees and annuitants in the industrial plans) make up a slightly larger percentage, and dependents a slightly smaller percentage, of

the total enrollment than holds for the Blue Cross plans, the membership of which consists of 40 percent of subscribers and 60 percent of dependents.

Size of Plans

Tables 4 and 5 show the distribution of the plans and their participants by size, i.e., number of persons enrolled for any benefit. The majority of independent plans are quite small; two-thirds cover less than 5,000 persons. Only three percent of all plans cover more than 100,000 persons. In general the community and dental society plans tend to be larger than the industrial ones. However, only six of the 43 community plans have more than 100,000 participants. The dental society plans, being generally organized on a State-wide basis, have the potential of serving large numbers of people, but as yet most of these are newly established and have barely started to grow; only two of the nine presently serve more than 100,000 persons. Of the 21 private group clinic plans, 20 serve less than 50,000 persons—13 serve less than 5,000 persons—and only one has more than 100,000 enrollees.

Of the industrial plans, 80 percent involve less than 10,000 participants, and only 11 plans—two percent of the total—serve more than 100,000 persons. The plans serving groups of 100,000 or more, are mainly those of

TABLE 4.—Plans, by size (enrollment) and type of plan

Type of plan	Total	Under 1,000	1,000- 4,999	5,000- 9,999	10,000- 24,999	25,000- 49,999	50,000- 99,999	100,000 and over
Number of plans								
All plans.....	582	201	184	65	58	41	13	20
Community.....	43	7	10	4	8	2	6	6
Employer-employee-union.....	507	188	160	57	47	37	7	11
Union-employer welfare fund.....	202	45	70	33	25	21	6	2
Employer or employer association.....	117	68	35	4	5	1	-----	4
Union.....	17	6	2	1	1	3	1	3
Employee association.....	74	25	25	7	10	7	-----	-----
Employer-employee association.....	97	44	28	12	6	5	-----	2
Medical society.....	2	-----	1	1	-----	-----	-----	-----
Private group clinic.....	21	4	9	3	3	1	-----	1
Dental society.....	9	2	4	-----	-----	1	-----	2
Percent distribution								
All plans.....	100.0	34.5	31.6	11.2	10.0	7.0	2.2	3.4
Community.....	100.0	16.3	23.3	9.3	18.6	4.7	14.0	14.0
Employer-employee-union.....	100.0	37.1	31.6	11.2	9.3	7.3	1.4	2.2
Union-employer welfare fund.....	100.0	22.3	34.7	16.3	12.4	10.4	3.0	1.0
Employer or employer association.....	100.0	58.1	29.9	3.4	4.3	.9	-----	3.4
Union.....	100.0	35.3	11.8	5.9	5.9	17.6	5.9	17.6
Employee association.....	100.0	33.8	33.8	9.5	13.5	9.5	-----	-----
Employer-employee association.....	100.0	45.4	28.9	12.4	6.2	5.2	-----	2.1
Medical society.....	100.0	-----	50.0	50.0	-----	-----	-----	-----
Private group clinic.....	100.0	19.0	42.9	14.3	14.3	4.8	-----	4.8
Dental society.....	100.0	22.2	44.4	-----	-----	11.1	-----	22.2

TABLE 5.—Enrollment, by size and type of plan

Type of plan	Total	Under 1,000	1,000– 4,999	5,000– 9,999	10,000– 24,999	25,000– 49,999	50,000– 99,999	100,000 and over
Enrollment (thousands)								
All plans-----	10,025.0	78.4	456.4	463.9	868.6	1,465.7	929.8	5,762.3
Community-----	3,477.9	3.7	29.1	31.9	126.9	51.3	408.6	2,826.4
Employer-employee-union-----	5,711.7	71.1	391.8	401.3	694.1	1,343.6	521.2	2,288.6
Union-employer welfare fund-----	2,593.9	18.2	192.7	228.5	366.9	758.7	460.0	569.0
Employer or employer association-----	893.8	25.6	67.3	29.1	75.4	36.3	-----	660.2
Union-----	672.4	1.2	2.7	9.5	19.0	106.5	61.2	472.3
Employee association-----	541.5	10.9	62.3	49.3	153.7	265.4	-----	-----
Employer-employee association-----	1,010.0	15.3	66.8	85.1	79.2	176.7	-----	587.0
Medical society-----	10.4	-----	2.2	8.2	-----	-----	-----	-----
Private group clinic-----	276.0	2.5	27.0	22.5	47.6	39.0	-----	137.3
Dental society-----	549.0	1.0	6.2	-----	-----	31.8	-----	510.0
Percent distribution								
All plans-----	100.0	.8	4.6	4.6	8.7	14.6	9.3	57.5
Community-----	100.0	.1	.8	.9	3.6	1.5	11.7	81.3
Employer-employee-union-----	100.0	1.2	6.9	7.0	12.2	23.5	9.1	40.1
Union-employer welfare fund-----	100.0	.7	7.4	8.8	14.1	29.2	17.7	21.9
Employer or employer association-----	100.0	2.9	7.5	3.3	8.4	4.1	-----	73.9
Union-----	100.0	.2	.4	1.4	2.8	15.8	9.1	70.2
Employee association-----	100.0	2.0	11.5	9.1	28.4	49.0	-----	-----
Employer-employee association-----	100.0	1.5	6.6	8.4	7.8	17.5	-----	58.1
Medical society-----	100.0	-----	21.6	78.4	-----	-----	-----	-----
Private group clinic-----	100.0	.9	9.8	8.1	17.3	14.1	-----	49.7
Dental society-----	100.0	.2	1.1	-----	-----	5.8	-----	92.9

large industry-wide welfare funds or large national employers. Among the larger plans are those of the United Mine Workers of America Welfare and Retirement Fund, the National Association of Letter Carriers, the United Federation of Postal Clerks (both of the last are Federal employee organizations which are carriers under the Federal Employees Health Benefits Plan), the United Furniture Workers Insurance Fund, the U. S. Rubber Company and the International Business Machines Corporation.

Most of the industrial plans are smaller and consist of plans of small local welfare funds, plans of relatively small employers, and plans operated by employee benefit associations or employers and such associations jointly. Such plans are, of course, limited to the employee group and their dependents and individually have little potential for growth.

In terms of size of plans (table 5), the enrollment distribution picture which emerges, especially as regards the community plans, is that of a multitude of small plans and a few large plans containing most of the enrollment. Thus, 81 percent of the total enrollment of the community plans is in six plans, and 40 percent of the total enrollment of the industrial plans is in 11 plans, each covering more than 100,000 people.

Benefits Provided

Some independent plans directly provide health services through their own health facilities and staffs of full or part-time salaried physicians or dentists. Other plans pay hospitals, dentists, etc., for care provided to enrollees or reimburse enrollees for health care expense incurred. In this monograph, the term "health benefits" includes both services furnished directly and the payments toward specified types of health care.

Plans.—Table 6 shows the number of plans providing specified benefits and the number of their participants covered for such benefits. Of the 582 plans, 80 percent cover (to some extent) hospital care, 81 percent surgical-obstetrical care (these are not necessarily the same plans), 58 percent in-hospital medical visits, 64 percent X-ray and laboratory examinations outside of the hospital, and 58 percent physician service in the office, clinic, or health center. The proportion of plans covering physicians' home calls is markedly less, reflecting the fact that a sizable number of the plans are labor health centers and provide physician care only at the center. Seventeen percent of the plans provide dental care, almost a quarter cover drugs outside of the hospital, and 21 percent pay part or all of the cost of eyeglasses. Independent plans differ markedly from Blue Cross and Blue Shield and insurance companies in the extent to which services other than hospital care, surgery, and physicians' visits in the hospital are covered.

Enrollment.—Of the 10 million participants in these independent plans, 68 percent are covered (to a greater or less degree) for hospital care, over four-fifths for surgical-obstetrical service, and about three-fourths for

TABLE 6.—Plans providing specified benefits and enrollment covered

Type of benefit	Plans		Enrollment	
	Number	Percent	Number (thousands)	Percent
Any benefit ¹	582	100.0	10,025.0	100.0
Hospital care.....	463	79.6	6,839.9	68.2
Physician service:				
Surgical-obstetrical services.....	470	80.8	8,297.1	82.8
In-hospital medical visits.....	337	57.9	7,424.8	74.1
X-ray and laboratory, outside hospital.....	375	64.4	7,338.6	73.2
Office, clinic, health center visits.....	338	58.1	6,511.8	65.0
Home calls.....	224	38.5	5,376.0	53.6
Dental care.....	99	17.0	1,800.6	18.0
Drugs outside hospital.....	142	24.4	2,658.9	26.5
Visiting nurse service.....	62	10.7	4,643.1	46.3
Special duty nursing.....	94	16.2	3,318.3	33.1
Eyeglasses.....	121	20.8	884.6	8.8
Nursing-home care.....	33	5.7	961.5	9.6
Other benefit:				
Appliances ²	12	2.1	93.6	0.9
Ambulance ²	33	5.7	410.8	4.1

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

in-hospital medical visits and the same proportion for X-ray and laboratory examinations outside of the hospital.⁴

About two-thirds of the enrollees are covered for physician service in the office, clinic or health center, and somewhat more than half for physician home calls—the difference again reflecting the restricted coverage of the labor health centers.

The extent of coverage of other services is striking from the standpoint of comparison with the Blue plans and insurance companies. Some 18 percent of all participants in independent plans have some coverage of dental care, over a quarter some coverage of drugs, almost half some coverage of visiting-nurse service, while a third have some coverage of special duty nursing and almost ten percent some coverage of eyeglasses and nursing-home care. These figures bring out clearly the extent to which these plans are experimenters in the provision of new types of health benefits.

It should be clearly understood in considering these data that they show only the number of persons covered for each benefit, and that those covered for one benefit are not necessarily covered—through independent plans—for other benefits. Some of these plans, as will be indicated more definitely below, cover only one benefit or two or three benefits. Quite generally a group covered for a benefit such as dental care, but not covered by the same plan for hospital care and physician service, will have these latter coverages through Blue plans, or an insurance company, or possibly another independent plan.

Type of Plan.—Tables 7 and 8 give more details and show the number of plans furnishing specified benefits and the enrollees covered for these benefits by type of plan. Between 80 and 90 percent of all enrollees of community plans are covered for comprehensive physicians' services, i.e., surgery and obstetrical service, in-hospital medical visits, X-ray and laboratory examinations outside of the hospital, service in the office, clinic or health center and home calls. Over 80 percent are also covered for visiting nurse service and almost 40 percent for special duty nursing. Only a little more than half are covered for hospitalization because, as stated earlier, two of the very largest community plans do not cover this service; the members are covered through other plans.

The community group practice plans, which have most of the enrollment in the community plans, in general, do provide comprehensive physician service. However, they do not really provide comprehensive health care since only three percent of the members are covered for dental care, only five percent for drugs outside of the hospital, and less than one percent for eyeglasses or appliances. Strictly speaking, comprehensive

⁴ The proportion covered for hospital care is less due to the fact that two large community plans, Health Insurance Plan of Greater New York and Group Health Insurance, Inc. (New York City) cover physician service, but not hospital care. (Group Health Insurance has announced that it intends to cover hospital care but had no enrollment for this service as of the end of 1964.)

TABLE 7.—Plans providing specified benefits, by type of plan

Type of benefit	All plans	Type of plan				
		Com- munity	Employer- employee- union	Medical society	Private group clinic	Dental society
	Number of plans					
Any benefit ¹	582	43	507	2	21	9
Hospital care	463	34	419	1	9	-----
Physician service:						
Surgical-obstetrical services	470	33	420	2	15	-----
In-hospital medical visits	337	30	290	2	15	-----
X-ray and laboratory, outside hospital	375	32	328	2	13	-----
Office, clinic, health center visits	338	32	289	2	15	-----
Home calls	224	27	183	2	12	-----
Dental care	99	5	80	-----	5	9
Drugs outside hospital	142	13	122	1	6	-----
Visiting nurse service	62	13	48	-----	1	-----
Special duty nursing	94	9	81	1	3	-----
Eyeglasses	121	1	120	-----	-----	-----
Nursing-home care	33	-----	33	-----	-----	-----
Other benefit:						
Appliances ²	12	1	11	-----	-----	-----
Ambulance ²	33	2	28	1	2	-----
	Percent					
Any benefit ¹	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care	79.6	79.1	82.6	50.0	42.9	-----
Physician service:						
Surgical-obstetrical services	80.8	76.7	82.8	100.0	71.4	-----
In-hospital medical visits	57.9	69.8	57.2	100.0	71.4	-----
X-ray and laboratory, outside hospital	64.4	74.4	64.7	100.0	61.9	-----
Office, clinic, health center visits	58.1	74.4	57.0	100.0	71.4	-----
Home calls	38.5	62.8	36.1	100.0	57.1	-----
Dental care	17.0	11.6	15.8	-----	23.8	100.0
Drugs outside hospital	24.4	30.2	24.1	50.0	28.6	-----
Visiting nurse service	10.7	30.2	9.5	-----	4.8	-----
Special duty nursing	16.2	20.9	16.0	50.0	14.3	-----
Eyeglasses	20.8	2.3	23.7	-----	-----	-----
Nursing-home care	5.7	-----	6.5	-----	-----	-----
Other benefit:						
Appliances ²	2.1	2.3	2.2	-----	-----	-----
Ambulance ²	5.7	4.7	5.5	50.0	9.5	-----

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

health care includes hospital care, physician service, necessary nursing service in the hospital and home, care in convalescent facilities and nursing homes, dental care, drugs, eyeglasses, appliances, and ambulance service. As thus defined, there is probably no single plan of any type which in itself covers all of these.

The pattern of benefits in the employer-employee-union plans is markedly different from that of the community plans. Of the participants in the industrial plans, 84 percent are covered for hospitalization and 87 percent for surgical-obstetrical service, but the number-covered for other types of physicians' services is appreciably less and only 40 percent are covered for physicians' home visits. However, 20 percent of the participants in these plans are covered for dental care, 43 percent for drugs, 15

TABLE 8.—Enrollment covered for specified benefits, by type of plan

Type of benefit	All plans	Type of plan				
		Com- munity	Em- ployer- em- ployee- union	Medical society	Private group clinic	Dental society
	Enrollment (thousands)					
Any benefit ¹	10,025.0	3,477.9	5,711.7	10.4	276.0	549.0
Hospital care.....	6,839.9	1,859.0	4,784.5	8.2	188.2	-----
Physician service:						
Surgical-obstetrical services.....	8,297.1	3,110.6	4,968.1	10.4	208.0	-----
In-hospital medical visits.....	7,424.8	3,100.0	4,069.4	9.8	245.5	-----
X-ray and laboratory, outside hospital.....	7,338.6	3,063.5	4,071.2	5.9	198.0	-----
Office, clinic, health center visits.....	6,511.8	2,887.6	3,384.6	5.3	234.1	-----
Home calls.....	5,376.0	2,863.4	2,314.7	5.3	192.5	-----
Dental care.....	1,800.6	100.3	1,125.6	-----	25.8	549.0
Drugs outside hospital.....	2,658.9	188.6	2,447.9	3.3	18.9	-----
Visiting nurse service.....	4,643.1	2,900.4	1,741.9	-----	.8	-----
Special duty nursing.....	3,318.3	1,339.7	1,966.1	3.6	8.9	-----
Eyeglasses.....	884.6	25.3	859.3	-----	-----	-----
Nursing-home care.....	961.5	-----	961.5	-----	-----	-----
Other benefit:						
Appliances ²	93.6	10.4	83.3	-----	-----	-----
Ambulance ²	410.8	89.9	307.3	7.5	6.2	-----
	Percent					
Any benefit ¹	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care.....	68.2	53.5	83.8	78.4	68.2	-----
Physician service:						
Surgical-obstetrical services.....	82.8	89.4	87.0	100.0	75.4	-----
In-hospital medical visits.....	74.1	89.1	71.2	94.7	89.0	-----
X-ray and laboratory, outside hospital.....	73.2	88.1	71.3	56.6	71.7	-----
Office, clinic, health center visits.....	65.0	83.0	59.3	51.3	84.8	-----
Home calls.....	53.6	82.3	40.5	51.3	69.7	-----
Dental care.....	18.0	2.9	19.7	-----	9.4	100.0
Drugs outside hospital.....	26.5	5.4	42.9	32.2	6.9	-----
Visiting nurse service.....	46.3	83.4	30.5	-----	.3	-----
Special duty nursing.....	33.1	38.5	34.4	35.0	3.2	-----
Eyeglasses.....	8.8	.7	15.0	-----	-----	-----
Nursing-home care.....	9.6	-----	16.8	-----	-----	-----
Other benefit:						
Appliances ².....	.9	.3	1.5	-----	-----	-----
Ambulance ²	4.1	2.6	5.4	71.7	2.2	-----

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

percent for eyeglasses and 17 percent for nursing home care. In many cases persons covered for these last mentioned benefits are not the same as those covered for hospital care and physicians' services, i.e., frequently the participants in these independent plans are covered only for these more or less supplementary benefits through the independent plans with coverage for hospitalization, surgery and in-hospital medical visits through the Blue plans or insurance companies.

The private group clinic plans generally tend to provide comprehensive coverage of physicians' services. However, a few of these plans provide dental care only. The dental society plans naturally provide only dental care.

Benefit patterns.—Table 9 is a further attempt to elucidate the benefit patterns of these plans. Approximately a third of all plans, with 58 percent of the total enrollment, provide comprehensive physician service, i.e., all five physician services. This does not necessarily mean that all of these services are covered in full and without limit, but that the plan does provide some coverage of the services.

Virtually all of these plans (except HIP and GHI) also cover hospital care. In any case, it can be assumed that the enrollees in these plans covering comprehensive physician service also have hospital coverage in one way or another.

Of the plans with comprehensive physician service with or without hospital care, 22 also cover nursing services (either visiting or special nursing, or both) and provide no other benefit. Another 27 covered drugs, but not nursing or other benefits; another 59, with an enrollment of 1.8 million, covered both nursing and drugs, with or without other benefits. It is clear, therefore, that an appreciable portion of those with comprehensive physician service also have coverage of nursing service or both nursing service and drugs.

Of the 582 plans, 523 or 90 percent, with about the same proportion of the total enrollment, cover some physician service. Of these, a third of the total, with 58 percent of the total enrollment, cover all five types of physician service, as already noted. Some 40 plans cover surgical and in-hospital medical only, another 47 cover these two services and X-ray and laboratory examinations outside of the hospital only, and 28 (these

TABLE 9.—Plans and enrollment, by patterns of benefits

Patterns of benefits	Plans		Enrollment	
	Number	Percent	Number (thousands)	Percent
Any benefit.....	582	100.0	10,025.0	100.0
Comprehensive physician service and other benefits:				
Plans providing comprehensive (all 5) physicians' services—	189	32.5	5,780.8	57.7
With or without hospital care, and—				
Nursing only.....	22	3.8	2,948.0	29.4
Drug only.....	27	4.6	169.8	1.7
Nursing and drugs, with or without other benefits	59	10.1	1,750.8	17.5
All other, including no other benefit.....	81	14.5	912.2	9.1
Physician service:				
Plans providing one or more types of physicians' services—	523	89.9	8,962.8	89.4
Comprehensive (all 5) physicians' services.....	189	32.5	5,780.8	57.7
Surgical and in-hospital medical only.....	40	6.9	862.6	8.6
Surgical, in-hospital medical, and X-ray and laboratory only.....	47	8.1	572.6	5.7
Office clinic visits, with or without X-ray and laboratory only.....	28	4.8	386.9	3.9
All other combinations.....	219	37.6	1,359.9	13.6
One benefit only.....	57	9.8	1,046.7	10.4
Hospital care.....	20	3.4	259.4	2.6
X-ray and laboratory.....	1	.2	.7	(¹)
Office-clinic visits.....	3	.5	1.2	(¹)
Dental care.....	24	4.1	722.1	7.2
Drugs.....	2	.3	36.3	.4
Eyeglasses.....	7	1.2	27.0	.3

¹ Less than 0.05 percent.

are mainly the labor health centers) with some 400,000 covered persons provide physician service only at a health center or clinic. The remainder have other combinations of physician services.

Fifty-seven of the 582 plans provide only one benefit. Twenty-four plans provide dental care only (nine of these are the dental society plans), 20 plans hospital care only, two plans drugs only and seven plans eyeglasses only.

Geographical Distribution

Table 10 shows the geographical distribution of the plans and their enrollment—the latter according to State of location of plan headquarters. (Enrollment according to State of residence of covered persons will be discussed later.) The plans are most numerous and their enrollment greatest in the Middle Atlantic, South Atlantic, East North Central and Pacific States. More than one-fifth of all of the plans, with over a third of the enrollment, are in New York State. California follows with eight percent of the plans and 19 percent of the enrollment. The District of Columbia comes next in plan enrollment largely because the headquarters of the United Mine Workers program and several large Federal employee organization plans are located there. However, relatively few of the people actually served by these programs live in the District.

Type of plans.—Of the community plans New York State has three, with 46 percent of the total enrollment. Included are the two large plans, the Health Insurance Plan of Greater New York and Group Health Insurance. California has eight community plans containing 32 percent of the total enrollment in all such plans. Almost all of the enrollment is in the two large Kaiser plans.

Of the industrial plans, over a third with 43 percent of the total enrollment are located in the Middle Atlantic States. New York State alone has a quarter of the plans with a third of the total enrollment. Several of the plans in New York and New Jersey are those of large national employers or industry-wide welfare funds and the bulk of the persons served reside in other States. After the Middle Atlantic States, the East North Central, Pacific and South Atlantic States lead in number of plans, but in terms of enrollment, the South Atlantic States are of greater importance followed by the East North Central. Again, it is the location of the United Mine Workers program in the District of Columbia, and of several large Federal employee organization plans in the District and nearby Maryland which results in a quarter of the enrollment of employer-employee-union plans being in the South Atlantic States.

The private group clinic plans are most numerous in the Pacific States, with 63 percent of the total enrollment in these plans being there (58 percent in California alone), followed by the South Atlantic and West North Central States.

TABLE 10.—Plans and enrollment, by type of plan, by State of plan headquarters
[Enrollment in thousands]

Region and State	Total ¹						Type of plan											
	Plans			Enrollment			Community				Employer-employee union				Private group clinic			
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Plans		Enrollment		Plans		Enrollment		Plans		Enrollment	
							Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent
United States.....	582	100.0	10,025.0	100.0	43	100.0	3,477.9	100.0	507	100.0	5,711.7	100.0	21	100.0	276.0	100.0		
New England.....	25	4.3	49.6	.5					24	4.7	49.5	.9						
Maine.....	2	.3	1.6	(²)					2	.4	1.6	(²)						
New Hampshire.....																		
Vermont.....																		
Massachusetts.....	15	2.6	36.0	.4					15	3.0	36.0	.6						
Rhode Island.....																		
Connecticut.....	8	1.4	12.1	.1					7	1.4	11.9	.2						
Middle Atlantic.....	192	33.0	4,230.9	42.2	6	14.0	1,797.3	51.7	184	36.3	2,428.3	42.5	1	4.8	4.0	1.4		
New York.....	133	22.9	3,446.7	34.4	3	7.0	1,589.3	45.7	129	25.4	1,856.1	32.5						
New Jersey.....	17	2.9	99.4	1.0	1	2.3	21.3	.6	16	3.2	78.1	1.4						
Pennsylvania.....	42	7.2	684.8	6.8	2	4.7	186.8	5.4	39	7.7	494.1	8.6	1	4.8	4.0	1.4		
East North Central.....	96	16.5	955.6	9.5	6	14.0	104.5	3.0	87	17.2	848.2	14.8	1	4.8	1.0	.4		
Michigan.....	6	1.0	86.7	.9	2	4.7	82.0	2.4	3	.6	3.9	.1						
Ohio.....	30	5.2	528.7	5.3	3	7.0	22.2	.6	26	5.1	505.1	8.8						
Illinois.....	38	6.5	258.0	2.6					37	7.3	257.0	4.5	1	4.8	1.0	.4		
Indiana.....	4	.7	7.9	.1					4	.8	7.9	.1						
Wisconsin.....	18	3.1	74.6	.7	1	2.3	.3	(²)	17	3.4	74.3	1.3						
West North Central.....	42	7.2	295.0	2.9	3	7.0	16.8	.5	35	6.9	262.6	4.6	4	19.0	15.7	5.7		
Minnesota.....	14	2.4	67.8	.7	3	7.0	16.8	.5	7	1.4	35.3	.6	4	19.0	15.7	5.7		
Iowa.....	5	.9	12.6	.1					5	1.0	12.6	.2						
Missouri.....	17	2.9	171.0	1.7					17	3.4	171.0	3.0						
North Dakota.....																		
South Dakota.....	1	.2	8.0	.1					1	.2	8.0	.1						
Nebraska.....	3	.5	5.0	(²)					3	.6	5.0	.1						
Kansas.....	2	.3	30.5	.3					2	.4	30.5	.5						

See footnotes at end of table.

TABLE 10.—Plans and enrollment, by type of plan, by State of plan headquarters—Continued

[Enrollment in thousands]

Region and State	Total 1			Type of plan												
	Plans			Enrollment		Community		Employer-employee union		Private group clinic						
	Num-ber	Per-cent	Enrollment	Plans		Enrollment		Plans		Enrollment		Plans		Enrollment		
				Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	
South Atlantic-----	52	8.9	1,545.9	15.4	6	14.0	83.1	2.4	40	7.9	1,420.6	24.9	6	28.6	42.2	15.3
Delaware-----	9	1.5	386.7	3.9	1	2.3	53.7	1.5	7	1.4	384.1	6.7	2	9.5	2.6	9.9
Maryland-----	9	1.5	1,022.0	10.2	1	2.3	53.7	1.5	7	1.4	947.7	16.6	1	4.8	20.5	7.4
District of Columbia-----	10	1.7	39.9	.4	1	2.3	14.8	.4	9	1.8	33.9	.6	1	4.8	6.0	2.2
West Virginia-----	3	.5	25.5	.3	1	2.3	(3)	(2)	1	.2	18.8	.3	1	4.8	10.2	3.7
North Carolina-----	4	.7	18.8	.2	1	2.3	9.1	.3	3	.6	3.5	.1	1	4.8	2.2	3.7
South Carolina-----	1	.2	3.5	(2)	1	2.3	9.1	.3	1	.2	18.8	.3	1	4.8	2.2	3.7
Georgia-----	9	1.5	27.9	.3	1	2.3	5.4	.2	8	1.6	13.4	.2	1	4.8	2.9	1.1
Florida-----	7	1.2	21.7	.2	2	4.7	15.0	.4	4	.8	94.2	1.6	1	4.8	39.0	14.1
East South Central-----	15	2.6	146.2	1.5	1	2.3	15.0	.4	13	2.6	2.2	(2)	1	4.8	39.0	14.1
Kentucky-----	1	.2	2.2	(2)	1	2.3	15.0	.4	1	.2	46.8	.8	1	4.8	39.0	14.1
Tennessee-----	2	.3	46.8	.5	1	2.3	13.0	.4	2	.4	43.4	(2)	1	4.8	39.0	14.1
Alabama-----	10	1.7	82.4	.8	1	2.3	13.0	.4	9	1.8	1.7	(2)	1	4.8	39.0	14.1
Mississippi-----	2	.3	14.7	.1	1	2.3	13.0	.4	1	.2	90.0	1.6	1	4.8	39.0	14.1
West South Central-----	39	6.7	97.1	1.0	3	7.0	4.9	.1	35	6.9	22.0	.4	1	4.8	39.0	14.1
Arkansas-----	4	.7	22.0	.2	3	7.0	4.9	.1	4	.8	31.3	.5	1	4.8	39.0	14.1
Louisiana-----	9	1.5	31.3	.3	3	7.0	4.9	.1	9	1.8	3.8	.1	1	4.8	39.0	14.1
Oklahoma-----	7	1.2	8.7	.1	3	7.0	4.9	.1	4	.8	32.9	.6	1	4.8	39.0	14.1
Texas-----	19	3.3	35.1	.4	3	7.0	4.9	.1	18	3.6	164.6	2.9	1	4.8	39.0	14.1
Mountain-----	30	5.2	186.7	1.9	2	4.7	20.6	.6	27	5.3	71.3	1.2	1	4.8	39.0	14.1
Montana-----	5	.9	2.2	(2)	2	4.7	20.6	.6	5	1.0	2.2	(2)	1	4.8	39.0	14.1
Idaho-----	5	.9	2.2	(2)	2	4.7	20.6	.6	5	1.0	2.2	(2)	1	4.8	39.0	14.1
Wyoming-----	8	1.4	93.4	.9	2	4.7	20.6	.6	5	1.0	71.3	1.2	1	4.8	39.0	14.1
Colorado-----	1	.2	.8	(2)	2	4.7	20.6	.6	1	.2	.8	(2)	1	4.8	39.0	14.1
New Mexico-----	1	.2	.8	(2)	2	4.7	20.6	.6	1	.2	.8	(2)	1	4.8	39.0	14.1
Arizona-----	5	.9	23.4	.2	2	4.7	20.6	.6	5	1.0	23.4	.4	1	4.8	39.0	14.1

Of the nine dental society plans, four with 99 percent of the total enrollment are located in the Pacific States—64 percent in California and 29 percent in Washington. The other plans are just getting underway and had only a very small enrollment at the end of 1964.

State of residence.—Tables 11 and 12 show enrollment according to State of residence of those served. There are a considerable number of plans which serve people located in more than one State, though in many cases the enrollment of these plans in States other than the headquarters State is relatively small. In order to simplify the work of tabulation, it was determined that no plan would be considered as a “multi-State” plan unless it served more than 10,000 persons and unless at least 10 percent of its enrollment resided in a State different from the State of plan headquarters. On this basis there were found to be 32 “multi-State” plans, with a total enrollment of slightly over 3,000,000 persons (table 11). Of these, nine with an enrollment of 800,000 are in New York State and five with an enrollment of 1,310,000 are headquartered in Maryland and the District of Columbia.

Allocation of persons served by State of residence has the effect of dropping, but only slightly, the enrollment in the Middle Atlantic States and of reducing by more than half the enrollment in the South Atlantic States. The remaining States tend to be increased slightly but actually there is very little change.

Table 12 shows the enrollment according to State of residence, i.e., after the enrollment of the multi-State plans has been distributed by State of residence, for any benefit and for hospital care, surgery, in-hospital medical and office or clinic visits. Of the 6.8 million persons covered for hospital care, in excess of three million reside in the Middle Atlantic and East North Central States, and over two million in the Pacific States. Of the 8,300,000 eligible for surgical care, over three million are in the Middle Atlantic States, two million in the Pacific States (mainly in California) and over one million in the East North Central States. The distribution for in-hospital medical is about the same. Of the 6.5 million eligible for physicians’ office and clinic visits, 2.9 million are in the Middle Atlantic States (2.4 million in New York) and 1.9 million in the Pacific States.

Finances

Table 13 presents data on the income, benefit expenditures, operating expense and net income of independent plans for the year 1964. Of the total income of all reporting plans, \$547 million, 92 percent came from subscriber dues or employer-employee contributions, 6 percent from payments for health services or supplies not covered under the prepayment program, and two percent from investments and other sources. The plans spent \$495 million—90.5 percent of total income—in providing benefits. Administrative expenses amounted to \$35 million—6.4 percent of total income, leaving a net income, i.e., excess of income over outgo, of \$17 million or three percent of total income.

TABLE 11.—Single State and multi-State plan enrollment, by State of plan headquarters and of residence

Region and State	All plans			Single State plans		Multi-State plans		
	Plans	Enrollment (thousands)		Plans	Enrollment (thousands)	Plans	Enrollment (thousands)	
		By plan headquarters	By residence				By plan headquarters	By residence
United States.....	582	10,025.0	10,025.0	550	6,970.3	32	3,054.8	3,054.8
New England.....	25	49.6	235.3	25	49.6	-----	-----	185.6
Maine.....	2	1.6	6.4	2	1.6	-----	-----	4.9
New Hampshire.....	-----	-----	3.8	-----	-----	-----	-----	3.8
Vermont.....	-----	-----	4.9	-----	-----	-----	-----	4.9
Massachusetts.....	15	36.0	129.9	15	36.0	-----	-----	93.9
Rhode Island.....	-----	-----	17.7	-----	-----	-----	-----	17.7
Connecticut.....	8	12.1	72.5	8	12.1	-----	-----	60.4
Middle Atlantic.....	192	4,230.9	4,138.7	181	3,303.1	11	927.8	835.6
New York.....	133	3,446.7	3,106.9	124	2,658.3	9	788.4	448.6
New Jersey.....	17	99.4	174.8	16	53.5	1	46.0	121.3
Pennsylvania.....	42	684.8	857.1	41	591.4	1	93.4	265.7
East North Central.....	96	955.6	1,163.1	93	665.3	3	290.3	497.8
Michigan.....	6	86.7	154.4	6	86.7	-----	-----	67.7
Ohio.....	30	528.4	441.4	28	267.5	2	260.8	173.9
Illinois.....	38	258.0	362.5	37	228.5	1	29.5	135.0
Indiana.....	4	7.9	90.4	4	7.9	-----	-----	82.5
Wisconsin.....	18	74.6	113.4	18	74.6	-----	-----	38.8
West North Central.....	42	295.0	328.4	35	124.0	7	171.0	204.4
Minnesota.....	14	67.8	89.4	13	43.8	1	24.0	45.5
Iowa.....	5	12.6	37.4	5	12.6	-----	-----	24.8
Missouri.....	17	171.0	125.9	12	54.3	5	116.7	71.6
North Dakota.....	-----	-----	4.5	-----	-----	-----	-----	4.5
South Dakota.....	1	8.0	11.1	1	8.0	-----	-----	3.1
Nebraska.....	3	5.6	26.6	3	5.0	-----	-----	21.5
Kansas.....	2	30.5	33.6	1	.2	1	30.4	33.4
South Atlantic.....	52	1,545.9	622.2	46	210.1	6	1,335.7	412.0
Delaware.....	-----	-----	2.5	-----	-----	-----	-----	2.5
Maryland.....	9	386.2	81.1	7	29.4	2	257.3	51.7
District of Columbia.....	9	1,022.0	102.3	66	69.2	3	952.7	33.1
Virginia.....	10	39.9	72.4	9	14.1	1	25.7	58.3
West Virginia.....	3	25.5	199.7	3	25.5	-----	-----	174.2
North Carolina.....	4	18.8	40.5	4	18.8	-----	-----	21.7
South Carolina.....	1	3.5	14.1	1	3.5	-----	-----	10.7
Georgia.....	9	27.9	57.2	9	27.9	-----	-----	29.3
Florida.....	7	21.7	52.4	7	21.7	-----	-----	30.6
East South Central.....	15	146.2	323.9	14	99.7	1	46.5	224.2
Kentucky.....	1	2.2	94.6	1	2.2	-----	-----	92.4
Tennessee.....	2	46.8	71.2	1	.4	1	46.5	70.8
Alabama.....	10	82.4	132.4	10	82.4	-----	-----	50.0
Mississippi.....	2	14.7	25.8	2	14.7	-----	-----	11.1
West South Central.....	39	97.1	236.4	39	97.1	-----	-----	139.4
Arkansas.....	4	22.0	48.1	4	22.0	-----	-----	26.1
Louisiana.....	9	31.4	52.9	9	31.3	-----	-----	21.6
Oklahoma.....	7	8.7	30.4	7	8.7	-----	-----	21.7
Texas.....	19	35.1	105.0	19	35.1	-----	-----	69.9
Mountain.....	30	186.7	298.7	29	141.9	1	44.9	156.8
Montana.....	-----	-----	10.5	-----	-----	-----	-----	10.4
Idaho.....	5	2.2	11.4	5	2.2	-----	-----	9.2
Wyoming.....	-----	-----	9.4	-----	-----	-----	-----	9.4
Colorado.....	8	93.4	109.9	8	93.4	-----	-----	16.6
New Mexico.....	1	.9	82.1	1	.9	-----	-----	81.2
Arizona.....	5	23.4	33.7	5	23.4	-----	-----	10.3
Utah.....	8	46.9	18.2	7	2.0	1	44.9	16.2
Nevada.....	3	20.1	23.6	3	20.1	-----	-----	3.4

TABLE 11.—Single State and multi-State plan enrollment, by State of plan headquarters and of residence—Continued

Region and State	All plans			Single State plans		Multi-State plans		
	Plans	Enrollment (thousands)		Plans	Enrollment (thousands)	Plans	Enrollment (thousands)	
		By plan head quarters	By residence				By plan head quarters	By residence
Pacific-----	91	2,518.1	2,678.4	88	2,279.5	3	238.6	398.9
Washington-----	9	258.4	332.9	9	258.4	-----	-----	74.5
Oregon-----	12	223.8	182.9	10	46.4	2	177.4	136.5
California-----	44	1,915.9	2,030.5	43	1,854.8	1	61.2	175.8
Alaska-----	1	.1	11.1	1	.1	-----	-----	11.0
Hawaii-----	25	119.9	121.0	25	119.9	-----	-----	1.1

Assumptions and estimating procedures.—Before proceeding further with a discussion of the finances of these plans, it is necessary to describe the problems encountered in analyzing and summarizing the financial data, and to indicate assumptions and procedures used.

Plans which directly provide service through their own clinic or hospital facilities and salaried medical and dental staffs, find it difficult to determine administrative expense, or more precisely, to make a meaningful breakdown of total expense as between expense incurred in providing service and expense of administering the prepayment program. The problems involved here have some elements in common with those of determining the administrative expense of a hospital or clinic (where does administration end and provision of care begin?), but have their own unique aspects.

The prepaid group practice movement has not yet addressed itself to the problem of accurately determining administrative expense. In the absence of any manual or recommendation for classifying expense items the individual plans follow quite different procedures in defining or determining so-called administrative expense. In general, the procedure used in this study was to show as administrative expense whatever the individual plans reported as such, providing it seemed reasonable.

Where a group practice prepayment plan, as in the case of some of the union health centers, showed no administrative expense, it was assumed that administrative expense was equal to five percent of the total cost of maintaining the center. Where an administrative expense was shown, which appeared to be reasonable, then that amount was taken without adjustment. In short, in the case of the group practice prepayment plans which directly provide service through their own professional personnel and facilities and do not contract with outside groups or physicians for service, the figures given on administrative expense must be considered as approximations only.

TABLE 12.—Enrollment covered for specified benefits, by State of residence

Region and State	Any benefit		Hospital care	Surgery	In-hospital medical	Physicians' office and clinic
	Number	Percentage				
United States.....	10,025.0	100.0	6,839.9	8,297.1	7,424.8	6,511.8
New England.....	235.3	2.3	173.0	223.8	181.0	101.8
Maine.....	6.4	.1	5.8	5.7	4.9	5.6
New Hampshire.....	3.8	(¹)	3.8	3.8	3.8	3.8
Vermont.....	4.9	(¹)	4.9	4.9	4.8	3.9
Massachusetts.....	129.9	1.3	118.9	129.3	90.1	59.1
Rhode Island.....	17.7	.2	8.2	17.6	15.1	7.2
Connecticut.....	72.5	.7	31.4	62.5	62.4	21.8
Middle Atlantic.....	4,138.7	41.3	2,005.6	3,308.3	2,699.8	2,854.2
New York.....	3,106.9	31.0	1,094.1	2,613.0	2,236.6	2,387.1
New Jersey.....	174.8	1.7	153.5	117.0	105.4	98.8
Pennsylvania.....	857.0	8.5	758.1	578.3	357.8	368.3
East North Central.....	1,163.1	11.6	1,024.4	1,096.3	956.2	550.9
Michigan.....	154.4	1.5	131.1	146.2	136.1	114.9
Ohio.....	441.4	4.4	432.4	423.7	345.8	120.1
Illinois.....	363.5	3.6	313.1	328.1	285.6	223.2
Indiana.....	90.4	.9	61.4	90.1	88.6	25.8
Wisconsin.....	113.4	1.1	86.4	108.4	100.1	66.9
West North Central.....	328.4	3.3	272.8	295.4	296.5	285.2
Minnesota.....	89.4	.9	58.4	80.9	88.4	79.1
Iowa.....	37.4	.4	37.1	37.1	36.9	29.0
Missouri.....	125.9	1.3	101.8	101.8	101.7	110.5
North Dakota.....	4.5	(¹)	4.5	4.5	4.5	4.5
South Dakota.....	11.1	.1	11.1	11.1	11.1	11.1
Nebraska.....	26.6	.3	26.4	26.5	20.3	19.8
Kansas.....	33.6	.3	33.6	33.6	33.6	31.2
South Atlantic.....	622.2	6.2	579.4	552.3	501.9	282.6
Delaware.....	2.5	(¹)	2.5	2.5	1.9	2.5
Maryland.....	81.1	.8	77.1	79.3	66.0	66.0
District of Columbia.....	102.3	1.0	81.7	81.8	71.0	71.0
Virginia.....	72.4	.7	66.6	66.6	63.7	35.7
West Virginia.....	199.7	2.0	199.7	184.8	184.8	11.8
North Carolina.....	40.5	.4	39.6	40.5	40.2	15.0
South Carolina.....	14.1	.1	13.3	14.0	10.6	7.2
Georgia.....	57.2	.6	54.7	40.9	26.5	26.0
Florida.....	52.4	.5	44.2	41.8	37.3	47.4
East South Central.....	323.9	3.2	278.6	282.6	284.7	135.6
Kentucky.....	94.6	.9	94.5	94.6	93.3	32.0
Tennessee.....	71.2	.7	70.8	70.7	43.5	15.1
Alabama.....	132.4	1.3	87.5	91.5	127.5	81.7
Mississippi.....	25.8	.3	25.8	25.8	20.4	6.8
West South Central.....	236.4	2.4	207.4	216.6	199.6	165.4
Arkansas.....	48.1	.5	47.7	47.8	41.9	29.1
Louisiana.....	52.9	.5	42.5	45.6	45.2	34.5
Oklahoma.....	30.4	.3	30.4	30.4	27.7	19.6
Texas.....	105.0	1.0	86.8	92.8	84.9	82.1
Mountain.....	298.7	3.0	296.9	296.9	295.9	239.1
Montana.....	10.4	.1	10.4	10.4	10.4	8.2
Idaho.....	11.4	.1	11.4	11.4	11.4	9.9
Wyoming.....	9.4	.1	9.4	9.4	9.4	5.4
Colorado.....	109.9	1.1	108.3	108.3	108.3	69.8
New Mexico.....	82.1	.8	82.1	82.1	82.1	78.9
Arizona.....	33.7	.3	33.4	33.4	32.5	32.5
Utah.....	18.2	.2	18.2	18.2	18.2	14.8
Nevada.....	23.6	.2	23.6	23.6	23.4	19.4
Pacific.....	2,678.4	26.7	2,001.8	2,024.9	2,009.3	1,897.3
Washington.....	332.9	33.3	170.0	170.0	170.0	150.4
Oregon.....	182.9	1.8	180.4	179.0	174.8	107.3
California.....	2,030.5	20.3	1,551.6	1,575.6	1,564.3	1,541.6
Alaska.....	11.1	.1	11.1	11.1	11.0	8.7
Hawaii.....	121.0	1.2	88.7	89.2	89.3	89.2

¹ Less than 0.05 percent.

TABLE 13.—Income and expenditures, by type of plan

Type of plan	Income (thousands)				Expenditures				Net income			
	Total	Sub- scriber dues; employer, employee contri- butions	Fees or charges for health services	Invest- ment and other income	Total		Health care benefits		Administrative			
					Amount (thou- sands)	Percent of total income	Amount (thou- sands)	Percent of total income	Amount (thou- sands)	Percent of total income		
All plans	\$546,513	\$505,008	\$29,887	\$11,618	\$529,885	97.0	\$494,727	90.5	\$35,158	6.4	\$16,628	3.0
Community	196,021	174,391	19,699	1,931	192,422	98.2	177,469	90.5	14,952	7.6	3,599	1.8
Employer-employee-union	327,340	312,481	6,516	8,343	314,677	96.1	296,376	90.5	18,301	5.6	12,663	3.9
Union-employer welfare fund	144,921	138,711	454	5,756	132,319	91.3	124,121	85.6	8,197	5.7	12,602	8.7
Employer or employer association	42,719	42,492	32	196	42,832	100.3	40,728	95.3	2,104	4.9	-113	-0.3
Union	36,033	35,164	48	821	35,722	99.1	33,631	93.3	2,091	5.8	311	0.9
Employee association	41,757	36,291	4,464	1,002	41,925	100.4	39,182	93.8	2,743	6.6	-168	-0.4
Employer-employee association	61,910	59,823	1,518	569	61,879	100.0	58,713	94.8	3,166	5.1	31	(1)
Medical society	739	668	---	71	606	82.0	536	72.5	70	9.5	133	18.0
Private group clinic	11,481	7,741	3,609	131	11,247	98.0	10,225	89.1	1,023	8.9	234	2.0
Dental society	10,933	9,727	64	1,142	10,934	100.0	10,122	92.6	812	7.4	-1	(1)
Percent distribution												
All plans	100.0	100.0	100.0	100.0	100.0	---	100.0	---	100.0	---	100.0	---
Community	35.9	34.5	65.9	16.6	36.3	---	35.9	---	42.5	---	21.6	---
Employer-employee-union	59.9	61.9	21.8	71.8	59.4	---	59.9	---	52.1	---	76.2	---
Union-employer welfare fund	26.5	27.5	1.5	49.5	25.0	---	25.1	---	23.3	---	75.8	---
Employer or employer association	7.8	8.4	.1	1.7	8.1	---	8.2	---	6.0	---	-0.7	---
Union	6.6	7.0	.2	7.1	6.7	---	6.8	---	5.9	---	1.9	---
Employee association	7.6	7.2	14.9	8.6	7.9	---	7.9	---	7.8	---	-1.0	---
Employer-employee association	11.3	11.8	5.1	4.9	11.7	---	11.9	---	9.0	---	.2	---
Medical society	.1	.1	---	.6	.1	---	.1	---	.2	---	.8	---
Private group clinic	2.1	1.5	12.1	1.1	2.1	---	2.1	---	2.9	---	1.4	---
Dental society	2.0	1.9	.2	9.8	2.1	---	2.0	---	2.3	---	(1)	---

¹ Less than 0.05 percent

In the case of many of the employer-employee-union plans, several assumptions had to be made to derive usable financial data. Consider first the union-employer welfare funds, which have almost half of the total income of all of the industrial plans. These funds typically receive virtually all of their income from employer contributions (usually as a certain percentage of wages or so many cents per employee hour of work). Many of these funds in addition to providing or paying for certain health services, provide cash disability, death, or retirement benefits, either directly or through purchase of insurance; many also provide some health benefits by purchase of coverage from Blue Cross-Blue Shield or an insurance company. The procedure used in the case of these plans was to assume that if, say, the benefit expenditures for directly provided health care benefits were 30 percent of all benefit expenditures including premiums, then 30 percent of the total income, of total administrative expense and of total net income, respectively, were for health care benefits. This assumption might conceivably result in understating the expense of administering the directly provided health benefits since it might well cost relatively more to administer such benefits than to administer, say, cash disability benefits insured with an insurance company. Nevertheless, there seemed to be no other feasible method of estimating income, operating expense and net income for the directly provided health benefits program. The same problem was encountered in the case of other types of industrial plans which provided benefits other than directly provided health benefits, and the same procedures were employed.

Another important problem arose in estimation of administrative expense, particularly in connection with employer programs. Many employer plans, especially small ones, either reported no administrative expense or very trifling amounts. In many such plans the employer bears the whole cost of administration, and many make no attempt to keep accounts of the cost of administering the program, i.e., the cost to the company of employee time spent in making payments to hospitals and physicians, adjusting claims, keeping records, etc., the costs for space, utilities, and overhead which might be ascribed to this activity. Obviously, these self-insured programs have administrative expense. Rather than consider these plans as having no administrative expense which would distort the data for other plans, it seemed better to use some estimated figure. Hence, it was assumed in such cases that administrative expense was equal to five percent of the benefits provided.

In the case of unfunded employer programs, i.e., where the employer simply paid benefit expense out of the general funds of the business, and reported no income it was assumed that the income of the plan was equal to the total of benefit expenditures plus the estimated administrative expense.

Still another serious problem was the breakdown of benefit expenditures among hospital care, physicians' services, nursing services, drugs, etc., in

the case of group practice programs which directly provide a variety of services through their own facilities and staff.

It is obvious that, in many cases, the estimation of how much of the cost of maintaining an organized service goes for hospital care, physicians' services, dental care, drugs for ambulatory patients, etc., presents difficult problems of definition and accounting. Most of the larger plans gave the desired breakdown of their expenditures. Others provided data under the alternative statement of benefit expenditures (Section F2) ⁵ which permitted an estimated breakdown. In a relatively small number of plans, which provided no detailed figures, it was necessary to approximate a breakdown among the covered services using as a guide the distribution of expenditures under comparable plans.

There was, of course, no problem of this sort for the nongroup practice plans which simply paid hospitals, physicians, dentists, etc., for services provided—these plans knew what they had paid out for each type of care and reported it. Since the group practice plans constitute an appreciable segment of all plans, it should be recognized that the data on the breakdown of benefit expenditures by type of care are approximate.

Income and financial experience.—The community plans had 36 percent of the total income of all plans, the employer-employee-union plans 60 percent, the private group clinic and dental society plans two percent each. The income of the medical society plans is negligible. Among the employer-employee-union plans, the welfare funds are the more important in financial terms, having almost half of the total income of all industrial plans. Next in magnitude of total income are the employer-employee-association programs.

It is worth noting that approximately ten percent of the income of the community prepayment plans came from directly paid fees or charges (payments for drugs and eyeglasses not included under prepayment, extra charges for house calls, supplementary charges paid by dependents, etc.). Over 30 percent of the income of the private group clinic plans came from directly paid fees or charges—largely representing income from patients not served on a prepayment basis. The corresponding figure in the case of the employer-employee-union plans is small—only two percent of the total, most of such income being received by the employee association programs. (Probably most of this income from fees or charges is received by the railroad hospital associations and represents extra charges for private hospital accommodations and charges for services to dependents, who it will be recalled, are generally excluded from the prepayment program.)

The overall financial experience of the various types of plans was fairly similar. The community and employer-employee-union plans used the same proportion of income, 90.5 percent, in providing benefits. The

⁵ This asks for expenditures for hospital care, exclusive of physicians and dentists; salaries paid to physicians; salaries paid to dentists; all other clinic salaries and wages; and all other expense of clinic. (See Appendix A.)

community plans had administrative expenses of 7.6 percent of income and the employer-employee-union plans 5.6 percent, leaving net incomes of 1.8 and 3.9 percent, respectively. These amounts are, in effect, added to reserves. The private group clinic plans used 89 percent of income in providing service, and had administrative expenses of nine percent, leaving two percent available for distribution to the physicians or dentists owning the clinic. The dental society plans used 93 percent of income for benefits, seven percent for operating expense and broke even for the year; financial results are perhaps atypical since so many of the plans are just getting underway.

The meaning of the figures on net income require explanation. In the nonprofit community plans, financed by subscription charges of subscribers, net income represents the difference between total income and benefit and operating expense, and is added to reserves. Group practice plans frequently build up such reserves to finance future expansion of their facilities.

The industrial plans are not operated with the idea of producing a net income but they cannot spend more than they take in. Welfare funds financed by employer contributions generally cannot increase income until a new contract is negotiated—hence, they provide only such benefits as can be safely financed from current contributions; some build up substantial reserves to be on the safe side. As already mentioned, in the case of some unfunded employer plans, income was estimated as equal to benefit expenditures plus administrative expenses; hence, there is no net income.

In the private group clinic plans, the participating physicians and dentists generally pay out to themselves in salaries almost the total income of the clinic over and above expenses and there is very little “net income.” Any net income of the dental society plans, being nonprofit organizations, represents additions to reserves.

Benefit expenditures.—Table 14 shows the distribution of benefit expenditures by type of service and type of plan. For all plans together, 43 percent of benefit expenditures were for hospital care, 49 percent for physicians’ services, four percent for dental care, 2.5 percent for drugs, and minor amounts for other benefits. The distribution varies somewhat among the different types of plans. Among the community plans, 29 percent of benefit expenditures were for hospital care, and 69 percent for physicians’ services, with only very slight amounts for other types of care. The reason for the relatively small expenditure for hospital care is that two of the very largest plans, Health Insurance Plan of Greater New York and Group Health Insurance, Inc., (New York City) do not provide hospital care.

Among the employer-employee-union programs, 54 percent of all benefit expenditures were for hospital care, 38 percent for physicians’ services and some eight percent for other types of care, chiefly, dental care and drugs. The only important variation among the various types of

TABLE 14.—Benefit expenditures, by type of plan and type of service

Type of service	All plans	Type of plan				
		Community	Employer-employee-union	Medical society	Private group clinic	Dental society
Expenditures (thousands)						
Total.....	\$494,727	\$177,469	\$296,376	\$536	\$10,225	\$10,122
Hospital care.....	213,117	51,205	160,040	183	1,688	-----
Physicians' services.....	244,121	123,130	112,893	313	7,786	-----
Dental care.....	21,247	1,688	8,831	-----	607	10,122
Drugs outside hospital.....	12,180	1,066	10,955	33	127	-----
Visiting nurse service.....	657	235	419	-----	2	-----
Special duty nursing.....	1,056	74	977	4	2	-----
Eyeglasses.....	1,115	13	1,097	-----	5	-----
Nursing-home care.....	574	-----	574	-----	-----	-----
Other service.....	661	59	591	3	8	-----
Percent distribution by type of service						
Total.....	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care.....	43.1	28.9	54.0	34.3	16.5	-----
Physicians' services.....	49.3	69.4	38.1	58.4	76.1	-----
Dental care.....	4.3	1.0	3.0	-----	5.9	100.0
Drugs outside hospital.....	2.5	.6	3.7	6.2	1.2	-----
Visiting nurse service.....	.1	.1	.1	-----	(1)	-----
Special duty nursing.....	.2	(1)	.3	.7	(1)	-----
Eyeglasses.....	.2	(1)	.4	-----	(1)	-----
Nursing-home care.....	.1	-----	.2	-----	-----	-----
Other service.....	.1	(1)	.2	.5	.1	-----
Percent distribution by type of plan						
Total.....	100.0	35.9	59.9	.1	2.1	2.0
Hospital care.....	100.0	24.0	75.1	.1	.8	-----
Physicians' services.....	100.0	50.4	46.2	.1	3.2	-----
Dental care.....	100.0	7.9	41.6	-----	2.9	47.6
Drugs outside hospital.....	100.0	8.7	89.9	.3	1.0	-----
Visiting nurse service.....	100.0	35.8	63.9	-----	.3	-----
Special duty nursing.....	100.0	7.0	92.5	.3	.2	-----
Eyeglasses.....	100.0	1.1	98.4	-----	.4	-----
Nursing-home care.....	100.0	-----	100.0	-----	-----	-----
Other service.....	100.0	8.9	89.4	.4	1.2	-----

¹ Less than 0.05 percent.

industrial plans was that the employer plans spent relatively more—69 percent of total benefit expenditures—for hospital care and relatively less for physicians' services, than the other plans (not shown in table). The private group clinic plans pay out relatively little for hospital care, mainly because they do not cover this service or cover it only in a supplementary way, and most of their benefit expenditures are for physicians' services. All of the benefit expenditures of the dental society plans naturally are for dental care.

Geographical distribution of income and expenditures.—Table 15 shows the distribution of total income and total benefit expenditures, by region and State. Two sets of figures are presented, one according to State of location of plan headquarters, the second according to residence of covered persons, i.e., in which the income and benefit expenditures of the 32 "multi-State" plans were allocated on the basis of the distribution of covered persons by State of residence.

TABLE 15.—Income and benefit expenditures, by State of plan headquarters and of residence

Region and State	By plan headquarters				By residence			
	Income		Benefit expenditures		Income		Benefit expenditures	
	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent
United States	\$546,513	100.0	\$494,727	100.0	\$546,513	100.0	\$494,727	100.0
New England	1,848	.3	1,677	.3	8,973	1.6	8,181	1.7
Maine	17	(1)	16	(1)	312	.1	301	.1
New Hampshire					232	(1)	224	(1)
Vermont					240	(1)	228	(1)
Massachusetts	1,502	.3	1,323	.3	5,455	1.0	4,936	1.0
Rhode Island					516	.1	458	.1
Connecticut	329	.1	339	.1	2,218	.4	2,034	.4
Middle Atlantic	162,530	29.7	138,879	28.1	175,472	32.1	152,221	30.8
New York	135,225	24.7	114,496	23.1	128,769	23.6	109,444	22.1
New Jersey	4,811	.9	4,294	.9	7,886	1.4	6,851	1.4
Pennsylvania	22,494	4.1	20,089	4.1	38,818	7.1	35,926	7.3
East North Central	55,816	10.2	51,361	10.4	66,957	12.3	61,775	12.5
Michigan	5,817	1.1	5,224	1.1	8,622	1.6	7,872	1.6
Ohio	32,501	5.9	30,032	6.1	27,712	5.1	25,499	5.2
Illinois	13,161	2.4	12,137	2.5	20,513	3.8	19,004	3.8
Indiana	375	.1	315	.1	4,598	.8	4,281	.9
Wisconsin	3,961	.7	3,653	.7	5,512	1.0	5,120	1.0
West North Central	23,004	4.2	21,238	4.3	22,476	4.1	20,761	4.2
Minnesota	4,501	.8	4,354	.9	4,760	.9	4,553	.9
Iowa	634	.1	614	.1	2,486	.5	2,398	.5
Missouri	13,304	2.4	12,054	2.4	8,586	1.6	7,483	1.5
North Dakota					380	.1	372	.1
South Dakota	342	.1	325	.1	529	.1	506	.1
Nebraska	122	(1)	118	(1)	2,152	.4	2,075	.4
Kansas	4,101	.8	3,772	.8	3,584	.7	3,374	.7
South Atlantic	116,103	21.2	110,458	22.3	43,953	8.0	40,979	8.3
Delaware					118	(1)	110	(1)
Maryland	24,046	4.4	22,728	4.6	4,464	.8	3,955	.8
District of Columbia	86,292	15.8	82,671	16.7	5,134	.9	4,416	.9
Virginia	3,027	.6	2,623	.5	6,024	1.1	5,645	1.1
West Virginia	770	.1	713	.1	21,160	3.9	20,237	4.1
North Carolina	512	.1	482	.1	1,812	.3	1,730	.3
South Carolina	750	(1)	67	(1)	691	.1	662	.1
Georgia	750	.1	625	.1	2,154	.4	1,970	.4
Florida	635	.1	549	.1	2,396	.4	2,253	.5
East South Central	3,243	.6	2,997	.6	19,937	3.6	18,984	3.8
Kentucky	42	(1)	41	(1)	8,548	1.6	8,134	1.6
Tennessee	1,208	.2	1,151	.2	4,193	.8	4,020	.8
Alabama	1,741	.3	1,542	.3	6,305	1.2	5,942	1.2
Mississippi	252	(1)	263	.1	891	.2	887	.2
West South Central	6,921	1.3	6,488	1.3	15,393	2.8	14,570	2.9
Arkansas	952	.2	988	.2	2,559	.5	2,510	.5
Louisiana	1,686	.3	1,531	.3	2,855	.5	2,656	.5
Oklahoma	469	.1	419	.1	1,985	.4	1,858	.4
Texas	3,795	.7	3,550	.7	7,994	1.5	7,546	1.5
Mountain	16,625	3.0	15,602	3.2	23,790	4.4	22,440	4.5
Montana					1,078	.2	1,053	.2
Idaho	121	(1)	104	(1)	1,138	.2	1,088	.2
Wyoming					1,134	.2	1,094	.2
Colorado	6,995	1.3	6,407	1.3	8,509	1.6	7,861	1.6
New Mexico	29	(1)	25	(1)	5,646	1.0	5,374	1.1
Arizona	2,641	.5	2,520	.5	3,448	.6	3,298	.7
Utah	6,124	1.1	5,909	1.2	1,772	.3	1,698	.3
Nevada	715	.1	637	.1	1,065	.2	974	.2

TABLE 15.—Income and benefit expenditures, by State of plan headquarters and of residence—Continued

Region and State	By plan headquarters				By residence			
	Income		Benefit expenditures		Income		Benefit expenditures	
	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent	Amount (thou-sands)	Percent
Pacific-----	160,424	29.4	146,027	29.5	169,563	31.0	154,816	31.3
Washington-----	9,178	1.7	8,301	1.7	14,696	2.7	13,210	2.7
Oregon-----	14,828	2.7	12,670	2.6	12,495	2.3	10,961	2.2
California-----	129,168	23.6	117,804	23.8	134,309	24.6	122,709	24.8
Alaska-----	1	(¹)	1	(¹)	756	.1	628	.1
Hawaii-----	7,248	1.3	7,251	1.5	7,308	1.3	7,308	1.5

¹ Less than .05 percent.

In the distribution of income and benefit expenditures by State of plan headquarters, 30 percent of the total income of all plans was received by plans in the Middle Atlantic States, 29 percent by plans in the Pacific States and 21 percent by plans in the South Atlantic States. In terms of income, the leading State is New York, followed by California, the District of Columbia, Ohio and Maryland. The two big community plans in New York City, and numerous employer-employee-union plans in New York State, account for the predominance of New York. The Kaiser plans of Northern and Southern California largely account for the showing of California. The location of the United Mine Workers Welfare and Retirement Fund in the District of Columbia, and of several large Federal employee organization plans in the District and nearby Maryland, accounts for the relative importance of these two jurisdictions. Several large self-insured industrial plans account for the importance of Ohio. Benefit expenditures are distributed in practically the same way as income and need not be commented on.

The allocation of the income and benefit expenditures of the "multi-State" plans by State of residence of covered persons results in very little net change in the shares of New York and California, but a considerable shrinking of the shares of the District of Columbia and Maryland. In general, most other States gain slightly.⁶

⁶ The multi-State plans, although few in number have almost 40 percent of the total income and benefit expenditures of all independent plans.

III. GROUP PRACTICE PLANS

There is a substantial and apparently growing body of opinion that views group or team practice of physicians as being more advantageous than individual or solo practice for both patients and physicians. Group practice, it is held, fosters coordination among physicians and others having special skills, achieves economies through the joint use of facilities and ancillary personnel, encourages high standards of care by creating a situation in which the care rendered by members of the group comes within the scrutiny and appraisal of others, and provides conveniences for both patient and physician. Because of the advantages imputed by some to group practice, special interest attaches to plans which provide care through group practice arrangements. For this reason this survey, as did many of the earlier SSA surveys, gathered data on the number, enrollment and characteristics of such plans.

In this survey plans were considered to be group practice plans if they provided medical or dental service wholly or mainly by groups of physicians or dentists. Two or more salaried physicians or dentists providing care in facilities owned by the plan were considered to be engaged in group practice.

In general, group practice plans are of three types. One type consists of plans under community or employer-employee-union sponsorship which directly employ on a salaried basis two or more physicians and/or dentists to provide care to the participating persons, and wherein the physicians or dentists practice in facilities owned and maintained by the plan in question. The second type of plan is one in which the prepayment organization contracts with one or more autonomous private groups of physicians and/or dentists, organized as partnerships or associations, which agree to provide specified services in their own facilities to the covered persons in return for a specified remuneration. The third type consists of private group clinics of physicians or dentists, which offer their services to groups of patients on a prepayment basis. Frequently, these private group clinics serve other patients on a fee-for-service basis.

Most of the group practice plans dealt with in this report are of the first type. The four Kaiser plans are considered to be of this type, although some might classify them differently. Each of these plans has its own hospital and clinic facilities. The physicians serving in these facilities are, in the case of each plan, organized as a partnership and the plan pays the partnership a specified amount, negotiated periodically, for

providing service to the plan's subscribers. The medical group itself determines the distribution of this amount among its members, i.e., the remuneration of the individual physicians. The plan itself directly employs all ancillary personnel. Although this arrangement is hard to classify, in general it seems more realistic to consider the relationship between the plan and its medical staff to be more of an employer-employee character than of a contract between two independent and autonomous parties.

The largest and best known plan of the second type is the Health Insurance Plan of Greater New York, which provides care to its subscribers through 30 or so groups of physicians, each practicing in its own facilities; the group is paid a specified amount per month for each subscriber who has designated the group as the one from which he will obtain care. All or most of these groups serve other patients on a fee-for-service basis.

Plans and Enrollment

As shown in table 16, there were 196 plans, with an enrollment of 4,048,000, which were classified as providing benefits through group practice units of physicians and/or dentists: 28, with an enrollment of 2.2 million, were community plans; 147, with an enrollment of 1.6 million, were employer-employee-union plans; and 21, with an enrollment of 276,000, were private group clinic plans.

The 196 group practice plans constituted a third of all independent plans and had approximately 40 percent of the total enrollment. Group practice plans were relatively more important among the community plans than among the employer-employee-union plans. Almost two-thirds of all community plans provided service through group practice, and these plans had 63 percent of the total enrollment in community plans. Among employer-employee-union plans, 29 percent, with approximately 28 percent of the total enrollment, were group practice plans. By definition, all of the private group clinic plans are group practice, and none

TABLE 16.—Group practice—plans and enrollment, by type of plan

Type of plan	Plans		Enrollment	
	Number	Percent distribution	Number (thousands)	Percent distribution
All plans-----	196	100.0	4,047.6	100.0
Community-----	28	14.3	2,178.4	53.8
Employer-employee-union-----	147	75.0	1,593.2	39.4
Union-employer welfare fund-----	75	38.3	887.0	21.9
Employer or employer association-----	22	11.2	77.1	1.9
Union-----	5	2.6	162.2	4.0
Employee association-----	18	9.2	259.6	6.4
Employer-employee association-----	27	13.8	207.2	5.1
Private group clinic-----	21	10.7	276.0	6.8

of the medical society or dental society plans, providing service as they do through free choice of physician or dentist, are of this type.¹

Among the community group practice plans, 90 percent of the total enrollment is in a small number of relatively well-known plans—the four Kaiser plans, with an aggregate enrollment of 1,156,000, the Health Insurance Plan of Greater New York (694,000 enrollment), Group Health Cooperative of Puget Sound (76,000), Community Health Association of Detroit (69,000), and Group Health Association of Washington, D.C. (54,000).² Appendix C shows the growth in enrollment in these plans over the past fifteen years.

Among the employer-employee-union group practice plans, approximately half, with more than half of the enrollment in such plans, were operated by welfare funds. Most of the remaining enrollment in the industrial group practice plans is in plans operated by employee benefit associations or joint employer-employee benefit associations. There are a number of employer sponsored group practice plans, but their enrollment is quite small. Five unions have group practice plans serving 162,000 people.

Some group practice plans operated by union-employer welfare funds provide fairly comprehensive care. Examples are the Family Medical Fund of the Hotel Trades in New York City; the St. Louis Labor Health Institute, established by the Teamsters union; and Union Health Service in Chicago, originally established by the Building Service Employees Union but now serving a number of unions. However, the majority of welfare funds with group practice arrangements provide physician care only at a health center (in a few cases such care is limited to diagnostic services only) and workers and their dependents must obtain physician service in the hospital or home on a free-choice, fee-for-service basis.

Among the labor health centers serving a substantial number of people are those of the International Ladies' Garment Workers' Union in New York City (the I.L.G.W.U.'s Union Health Center in New York maintained cooperatively by a number of local units serves over 200,000 persons), Philadelphia, Boston, Chicago, and other cities, the Amalgamated Clothing Workers Union in Philadelphia, New York and Chicago, and the centers of the New York Shipping Association—International Longshoremen's Association, in and around New York City.

Important among the group practice plans operated by employee benefit associations, or jointly by employers and employee benefit associations, are the railway hospital associations. There are 14 of these

¹ In some States an appreciable portion of all physicians in private practice are in group practice. The Blue plans and insurance companies provide benefits through these physicians as well as physicians in individual practice. Thus, these health insurance organizations to some extent provide benefits through physicians in group practice. However, the group practice independent plans provide certain services exclusively through group practice units.

² Information on the enrollment in these plans can be given because these plans do not regard this information as confidential.

plans, with a total enrollment of over 300,000. These plans all have their own hospital and outpatient facilities—some have two or three hospitals, at different points along the line of way—and they provide quite comprehensive care including hospital care, complete physician service, special nursing and outpatient drugs to all employees; dependents with one or two minor exceptions are not covered.

Coverage of Dependents

Almost 60 percent of the group practice plans, with 80 percent of the enrollment in such plans, cover dependents (table 17). The proportion of group practice plans covering dependents is slightly less than among other independent plans, 75 percent of which covered dependents.

TABLE 17.—Group practice—coverage of dependents, by type of plan

Type of plan	Plans			Enrollment		
	Total	Covering dependents		Total (thousands)	In plans covering dependents	
		Number	Per-cent of total		Number (thousands)	Per-cent of total
All plans-----	196	115	58.7	4,047.6	3,225.7	79.7
Community-----	28	25	89.3	2,178.4	2,152.1	98.8
Employer-employee-union-----	147	73	49.7	1,593.2	803.9	50.5
Union-employer welfare fund-----	75	34	45.3	887.0	498.0	56.1
Employer or employer association-----	22	18	81.8	77.1	72.3	93.8
Union-----	5	3	60.0	162.2	60.5	37.3
Employee association-----	18	5	27.8	259.6	94.6	36.4
Employer-employee association-----	27	13	48.1	207.2	78.6	37.9
Private group clinic-----	21	17	81.0	276.0	269.7	97.7

Among the community type group practice plans, 89 percent of the plans containing 99 percent of the enrollment covered dependents. By contrast, only 50 percent of the employer-employee-union plans, with about the same share of the total enrollment, extend coverage to dependents. Most of the plans sponsored by employers cover dependents—94 percent of the enrollment in such plans is in plans covering dependents—but only a minority of the plans operated by welfare funds, employee associations and joint employer-employee associations, cover dependents. Among group practice plans operated by welfare funds, 56 percent of the enrollment is in plans covering dependents, but this proportion falls to less than 40 percent among the union and employee association plans. Almost all of the railway hospital association plans, as already mentioned, serve employees only; the same is true of some of the labor health centers. Most of the private group clinics serve dependents and 98 percent of the enrollment in the plans is in plans serving dependents. Of the total enrollment in group practice plans, about half consists of subscribers or employees and half dependents (table 18).

TABLE 18.—Group practice—subscribers and dependents enrolled, by type of plan
[Enrollment in thousands]

Type of plan	Total enrollment	Subscribers ¹	Dependents	
			Number	Percent of total
All plans.....	4,047.6	2,054.9	1,992.7	49.2
Community.....	2,178.4	840.2	1,338.2	61.4
Employer-employee-union.....	1,593.2	1,123.3	469.8	29.5
Union-employer welfare fund.....	887.0	599.2	287.8	32.4
Employer or employer association.....	77.1	33.9	43.2	56.1
Union.....	162.2	127.8	34.5	21.2
Employee association.....	259.6	191.9	67.7	26.1
Employer-employee association.....	207.2	170.6	36.6	17.7
Private group clinic.....	276.0	91.3	184.7	66.9

¹ Includes active and retired employees in employer-employee-union plans.

Size of Plans

Tables 19 and 20 present data on the size of group practice plans similar to those previously presented for all independent plans. The majority of these plans are relatively small, i.e., serve less than five thousand persons, and most of the enrollment is in a few relatively large plans. Thus, 46 percent of the total enrollment in all group practice plans is in the four plans serving over 100,000 persons, and almost 80 percent of the total enrollment is in the 34 plans which serve more than

TABLE 19.—Group practice—plans by size (enrollment) and type of plan

Type of plan	Total	Less than 1,000	1,000-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000-99,999	100,000 and over
Number of plans								
All plans.....	196	39	65	28	30	20	10	4
Community.....	28	5	8	2	3	2	5	3
Employer-employee-union.....	147	30	48	23	24	17	5	-----
Union-employer welfare fund.....	75	12	24	16	11	8	4	-----
Employer or employer association.....	22	7	11	2	2	-----	-----	-----
Union.....	5	-----	1	1	2	-----	1	-----
Employee association.....	18	3	5	-----	6	4	-----	-----
Employer-employee association.....	27	8	8	4	4	3	-----	-----
Private group clinic.....	21	4	9	3	3	1	-----	1
Percent distribution								
All plans.....	100.0	19.9	33.2	14.3	15.3	10.2	5.1	2.0
Community.....	100.0	17.9	28.6	7.1	10.7	7.1	17.9	10.7
Employer-employee-union.....	100.0	20.4	32.7	15.6	16.3	11.6	3.4	-----
Union-employer welfare fund.....	100.0	16.0	32.0	21.3	14.7	10.7	5.3	-----
Employer or employer association.....	100.0	31.8	50.0	9.1	9.1	-----	-----	-----
Union.....	100.0	-----	20.0	20.0	40.0	20.0	-----	-----
Employee association.....	100.0	16.7	27.8	-----	33.3	22.2	-----	-----
Employer-employee association.....	100.0	29.6	29.6	14.8	14.8	11.1	-----	-----
Private group clinic.....	100.0	19.0	42.9	14.3	14.3	4.8	-----	4.8

TABLE 20.—Group practice—enrollment, by size and type of plan

Type of plan	Total	Less than 1,000	1,000-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000-99,999	100,000 and over
Enrollment (thousands)								
All plans-----	4,047.6	19.2	166.9	200.5	442.9	673.8	681.1	1,863.1
Community-----	2,178.4	3.4	25.3	14.7	35.4	51.3	322.5	1,725.8
Employer-employee-union-----	1,593.2	13.3	114.6	163.3	359.8	583.5	358.6	-----
Union-employer welfare fund-----	887.0	5.2	66.3	107.4	137.5	273.2	297.4	-----
Employer or employer association-----	77.1	4.3	18.2	15.1	39.3	-----	-----	-----
Union-----	162.2	-----	-----	9.5	19.0	72.5	61.2	-----
Employee association-----	259.6	1.1	12.9	-----	108.4	137.3	-----	-----
Employer-employee association-----	207.2	2.7	17.2	31.3	55.5	100.6	-----	-----
Private group clinic-----	276.0	2.5	27.0	22.5	47.6	39.0	-----	137.3
Percent distribution								
All plans-----	100.0	.5	4.1	5.0	10.9	16.6	16.8	46.0
Community-----	100.0	.2	1.2	.7	1.6	2.4	14.8	79.2
Employer-employee-union-----	100.0	.8	7.2	10.3	22.6	36.6	22.5	-----
Union-employer welfare fund-----	100.0	.6	7.5	12.1	15.5	30.8	33.5	-----
Employer or employer association-----	100.0	5.6	23.6	19.6	51.0	-----	-----	-----
Union-----	100.0	-----	-----	5.9	11.7	44.7	37.7	-----
Employee association-----	100.0	.4	5.0	-----	41.7	52.9	-----	-----
Employer-employee association-----	100.0	1.3	8.3	15.1	26.8	48.5	-----	-----
Private group clinic-----	100.0	.9	9.8	8.2	17.2	14.1	-----	49.7

25,000 persons. The concentration of the enrollment in a small number of the larger plans is relatively greater in the case of the community plans (three plans—the two Kaiser plans of California and HIP have three-quarters of the total enrollment), than in the case of the employer-employee-union plans. Among the private group clinic plans, 50 percent of the enrollment is in one plan, with the remainder distributed among plans varying in size from less than 1,000 to under 50,000 enrollees.

Benefits Provided

Tables 21 and 22 show the types of benefits provided by group practice plans. Of the 196 plans providing service through group practice units of physicians or dentists, 181—92 percent—provided physician service in the office, clinic or health center. These plans had 95 percent of the total enrolled in group practice plans for any benefit. The next most generally covered service was X-ray and laboratory examinations, covered by 83 percent of the plans with 93 percent of the enrollment, and then surgical service, covered by 80 percent of the plans with 87 percent of the enrollment. Only 70 percent of the plans, with two-thirds of the total enrollment, covered hospital care, indicating that a fair number of the group practice plans prefer to arrange for coverage of hospital care through the Blue plans or insurance companies. As mentioned previously, one

TABLE 21.—Group practice—plans providing specified benefits and enrollment covered

Type of benefit	Plans		Enrollment	
	Number	Percent	Number (thousands)	Percent
Any benefit ¹	196	100.0	4,047.6	100.0
Hospital care.....	138	70.4	2,695.4	66.6
Physician service:				
Surgical-obstetrical services.....	157	80.1	3,504.5	86.6
In-hospital medical visits.....	119	60.7	3,175.5	78.5
X-ray and laboratory, outside hospital.....	163	83.2	3,762.6	93.0
Office, clinic, or health center visits.....	181	92.3	3,844.1	95.0
Home calls.....	95	48.5	2,864.2	70.8
Dental care.....	37	18.9	437.8	10.8
Drugs outside hospital.....	78	39.8	889.4	22.0
Visiting nurse service.....	24	12.2	2,220.8	54.9
Special duty nursing.....	34	17.3	1,560.5	38.6
Eyeglasses.....	59	30.1	658.2	16.3
Nursing-home care.....	11	5.6	171.4	4.2
Other benefit:				
Appliances ²	3	1.5	77.6	1.9
Ambulance ²	17	8.7	274.2	6.8

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

large group practice plan, the Health Insurance Plan of Greater New York, does not provide hospital care but requires that enrolled persons have this coverage through Blue Cross or an insurance company.

Almost one-fifth of the group practice plans (37 plans) cover dental care and 11 percent of the persons covered by group practice plans for any benefit have some coverage of this service. Some 78 plans cover drugs outside of the hospital, and 22 percent of the enrollees have this coverage. A fair number of plans cover visiting nurse service and/or special duty nursing; 55 percent of the enrollees in group practice plans were covered for visiting nurse service and 39 percent for special duty nursing. Almost a third of the plans, with 16 percent of the enrollment, paid part of the cost of eyeglasses.

As might be expected, the pattern of benefits in the group practice plans is substantially different from that in the other independent plans (table 23). Among the group practice plans 42 percent, with 71 percent of the total enrollment, provide comprehensive physician service, i.e., all five physician services. This compares with 28 percent of the plans, with 49 percent of the enrollment (not shown in table), among plans *not* providing care through group practice.

Ten group practice plans provide only one benefit. In nine of these the benefit provided was dental care. It may be assumed that these organizations provided other health benefits through other means.

Facilities and Health Personnel

Group practice plans provide care either through their own medical and/or dental staffs and facilities, or through contracts with private

TABLE 22.—Group practice—plans providing specified benefits and enrollment covered, by type of plan

Type of benefit ¹	Total	Type of plan					
		Community		Employer- employee-union		Private group clinic	
		Number	Per- cent	Number	Per- cent	Num- ber	Per- cent
Number of plans							
All plans	196	28	100.0	147	100.0	21	100.0
Hospital care	138	22	78.6	107	72.8	9	42.9
Physician service:							
Surgical-obstetrical services	157	25	89.3	117	79.6	15	71.4
In-hospital medical visits	119	25	89.3	79	53.7	15	71.4
X-ray and laboratory, outside hospital	163	25	89.3	125	85.0	13	61.9
Office, clinic, or health center visits	181	26	92.9	140	95.2	15	71.4
Home calls	95	22	78.6	61	41.5	12	57.1
Dental care	37	2	7.1	30	20.4	5	23.8
Drugs outside hospital	78	10	35.7	62	42.2	6	28.6
Visiting nurse service	24	11	39.3	12	8.2	1	4.8
Special duty nursing	34	7	25.0	24	16.3	3	14.3
Eyeglasses	59	1	3.6	58	39.5	-----	-----
Nursing-home care	11	-----	-----	11	7.5	-----	-----
Other	20	2	7.1	16	10.9	2	9.5
Appliance ²	3	1	3.6	2	1.4	-----	-----
Ambulance ²	17	1	3.6	14	9.5	2	9.5
Enrollment (thousands)							
Any benefit ¹	4,047.6	2,178.4	100.0	1,593.1	100.0	276.0	100.0
Hospital care	2,695.4	1,454.8	66.8	1,052.4	66.1	188.2	68.2
Physician service:							
Surgical-obstetrical services	3,504.5	2,146.3	98.5	1,150.1	72.2	208.0	75.4
In-hospital medical visits	3,175.5	2,146.9	98.6	783.1	49.2	245.5	88.9
X-ray and laboratory, outside hospital	3,762.6	2,161.0	99.2	1,403.5	88.1	198.0	71.7
Office, clinic or health center visits	3,844.1	2,163.1	99.3	1,446.8	90.8	234.1	84.8
Home calls	2,864.2	2,144.3	98.4	527.4	33.1	192.5	69.7
Dental care	437.8	3.0	(³)	409.0	25.7	25.8	9.3
Drugs outside hospital	889.4	179.2	8.2	691.3	43.4	18.9	6.8
Visiting nurse service	2,220.8	2,089.9	95.9	130.1	8.2	.8	.3
Special duty nursing	1,560.5	1,264.5	58.0	287.1	18.0	8.9	3.2
Eyeglasses	658.2	25.3	1.2	632.9	39.7	-----	-----
Nursing-home care	171.4	-----	-----	171.4	10.8	-----	-----
Other	351.9	83.1	3.8	262.6	16.5	6.2	2.2
Appliance ²	77.6	10.4	.5	67.3	4.2	-----	-----
Ambulance ²	274.2	72.7	3.3	195.3	12.3	6.2	2.2

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

³ Less than 0.05 percent.

groups of physicians and/or dentists. Seventy-eight percent of the group practice plans own one or more kinds of health facilities—a hospital, clinic or health center, dental clinic, pharmacy or optical unit—and 30 percent contracted with a medical or dental group for service. Some plans own facilities and also contract with a medical or dental group for other services which accounts for the overlapping.

Table 24 shows the facilities owned by group practice plans. All told, 152 plans with an enrollment of 3.2 million owned one or more facilities.

TABLE 23.—Group practice—plans and enrollment, by pattern of benefits

Pattern of benefits	Plans		Enrollment	
	Num- ber	Percent	Number (thou- sands)	Percent
Any benefit ¹	196	100.0	4,047.6	100.0
Comprehensive physician service and other benefits:				
Plans providing comprehensive (all 5) physicians' services—	83	42.3	2,876.6	71.1
With or without hospital care, and—				
Nursing only	14	7.1	2,040.7	50.4
Drug only	21	10.7	69.9	1.7
Nursing and drugs, with or without other				
benefits	25	12.8	468.0	11.6
All other, including no other benefit	23	11.7	298.0	7.4
Physicians' services:				
Plans providing one or more type of physicians' services ..	186	94.9	3,964.8	98.0
Comprehensive (all 5) physicians' services	83	42.3	2,876.6	71.1
Surgical and in-hospital medical only	3	1.5	20.7	.5
Surgical, in-hospital medical, and X-ray and labora- tory only	1	.5	10.2	.3
Office-clinic visits, with or without X-ray and laboratory only	20	10.2	337.2	8.3
All other combinations	79	40.3	720.1	17.8
One benefit only	10	5.1	74.9	1.8
Hospital care				
X-ray and laboratory				
Office-clinic visits	1	.5	.2	(²)
Dental care	9	4.6	74.7	1.8
Drugs				
Eyeglasses				

¹ Data do not add to totals since most plans provide more than one benefit.² Less than 0.05 percent.

There were 38 plans with an enrollment of 1.7 million which owned one or more hospitals; 133 plans with an enrollment of 3 million which owned one or more clinics or health centers; 27 plans with an enrollment of 523,000 which had a dental clinic or clinics; 73 plans with an enrollment of 2.5 million that owned one or more pharmacies (pharmacies located in hospitals are probably included in this number); and 24 plans with an enrollment of 1.7 million that owned an optical unit.

Table 25, closely related to table 24, shows that 118 plans employed professional personnel of one type or another full or part-time. One or more full or part-time physicians were employed by 108 plans; 27 had one or more dentists; 52 one or more pharmacists; and 22 one or more optometrists. The difference between the number of plans employing these types of professional personnel and the number owning facilities—ordinarily one would expect a close correspondence between the two—exists mainly because 27 welfare funds of the International Ladies' Garment Workers' Union in New York, in effect, own a health center in common—the Union Health Center. In editing the questionnaires each of these funds was shown as owning a facility but in order not to distort the data on number of full or part-time professional personnel employed by independent plans, only the total number employed by the jointly owned facility was used. In addition, the difference shown between the number of plans with a pharmacy and the number employing pharmacists is partly a result of some plans reporting a pharmacy but no pharmacist

TABLE 24.—Group practice—plans owning facilities, and their enrollment

Type of plan	Total			Type of facility owned										
	Plans	Owning 1 or more facilities		Hospital		Clinic or health center		Dental clinic		Pharmacy		Optical unit		
		Plans	Enroll-ment (thou-sands)	Plans	Enroll-ment (thou-sands)	Plans	Enroll-ment (thou-sands)	Plans	Enroll-ment (thou-sands)	Plans	Enroll-ment (thou-sands)	Plans	Enroll-ment (thou-sands)	
All plans-----	196	4,047.6	152	3,166.9	38	1,703.2	133	2,998.4	27	523.0	73	2,456.1	24	1,736.5
Community-----	28	2,178.4	21	1,381.1	11	1,275.2	17	1,361.6	1	53.7	16	1,370.2	8	1,320.1
Employer-employee-union-----	147	1,593.2	110	1,509.8	22	369.2	100	1,392.4	22	443.7	48	919.8	11	227.7
Union-employer welfare-----	75	887.0	62	824.0	-----	-----	58	769.8	13	218.4	20	415.4	4	134.9
Employer or employer association-----	22	77.1	13	68.4	7	36.4	12	66.7	1	1.6	7	51.7	2	8.8
Union-----	5	162.2	5	162.2	2	93.2	5	162.2	3	89.7	4	121.7	1	9.5
Employee association-----	18	259.6	13	254.3	7	156.4	11	220.3	3	95.0	11	221.4	2	59.7
Employer-employee association-----	27	207.2	17	200.9	6	83.2	14	173.4	2	38.9	6	109.6	2	14.8
Private group clinic-----	21	276.0	21	276.0	5	58.8	16	244.4	4	25.6	9	166.1	5	188.8

TABLE 25.—Group practice—plans employing specified types of professional personnel (full or part-time) and their enrollment

Type of plan	Type of personnel (full or part-time)											
	Total		Physicians		Dentists		Pharmacists		Optometrists			
	Plans	Enrollment (thousands)	Plans	Enrollment (thousands)	Plans	Enrollment (thousands)	Plans	Enrollment (thousands)	Plans	Enrollment (thousands)		
All plans-----	118	2,847.6	108	2,703.6	27	464.7	52	2,237.8	22	1,721.3		
Community-----	19	1,366.0	18	1,363.0	1	53.7	11	1,266.4	8	1,320.1		
Employer-employee union-----	78	1,205.6	73	1,090.2	22	385.3	33	812.8	11	260.5		
Union-employer welfare fund-----	32	525.7	28	471.4	13	218.4	11	328.5	3	134.0		
Employer or employer association-----	13	68.4	13	68.4	2	4.4	4	48.1	2	10.8		
Union-----	5	162.2	4	101.0	2	28.5	4	121.7	2	28.5		
Employee association-----	12	251.0	12	251.0	3	95.0	8	180.7	2	72.4		
Employer-employee association-----	16	198.4	16	198.4	2	38.9	6	133.8	2	14.8		
Private group clinic-----	21	276.0	17	250.4	4	25.6	8	158.6	3	140.8		

employed—apparently the drugs were dispensed by a physician or a nurse. The number of plans reporting an optical unit and the number reporting optometrists differ largely due to similar reasons.

Table 26 shows the number of physicians, dentists, pharmacists, and optometrists employed on a full or part-time basis by the plans. All told the plans employed on a full or part-time basis 9,997 physicians,³ 326 dentists, 172 pharmacists, and 62 optometrists. Forty-two percent of the physicians, 20 percent of the dentists, 87 percent of the pharmacists and 71 percent of the optometrists were employed full-time.

It appears that approximately 6 percent of all physicians in the United States in active private practice have some employment connection with these plans. However, it should be realized that many of the physicians employed part-time, especially those employed in the labor health centers, give only a few hours a week to this employment. The number of dentists employed by these plans is equal to less than half of one percent of the total number of dentists in private practice.

Table 27 shows the group practice plans that contract with outside medical or dental groups for service and the number of physicians and

TABLE 26.—Group practice—plans employing specified professional personnel (full or part-time) and number employed

Type of personnel	Total		Type of plan					
	Plans	Per-sonnel	Community		Employer-employee-union		Private group clinic	
			Plans	Per-sonnel	Plans	Per-sonnel	Plans	Per-sonnel
	Total personnel							
Total.....	(1)	10,537	(1)	1,444	(1)	8,503	(1)	588
Physicians.....	(1)	9,977	(1)	1,353	(1)	8,127	(1)	497
Dentists.....	(1)	326	(1)	13	(1)	264	(1)	49
Pharmacists.....	(1)	172	(1)	45	(1)	94	(1)	31
Optometrists.....	(1)	62	(1)	33	(1)	18	(1)	11
	Full-time personnel							
Total.....	(1)	4,400	(1)	1,343	(1)	2,606	(1)	450
Physicians.....	77	4,143	17	1,262	44	2,486	16	395
Dentists.....	15	64	1	6	10	34	4	24
Pharmacists.....	51	149	13	43	31	83	6	22
Optometrists.....	12	44	7	32	3	3	2	9
	Part-time personnel							
Total.....	(1)	6,137	(1)	101	(1)	5,897	(1)	138
Physicians.....	78	5,834	8	91	59	5,641	11	102
Dentists.....	29	262	1	7	25	230	3	25
Pharmacists.....	18	23	3	2	7	11	7	9
Optometrists.....	12	18	2	1	8	15	2	2

¹ Not shown since some plans employ both full and part-time personnel.

³ Probably all of these are MD's, i.e., not osteopathic physicians.

TABLE 27.—Group practice—plans (and their enrollment) contracting with medical or dental groups for service and number of physicians and dentists in such groups

Type of plan	Total		Contracting groups			Physicians			Dentists		
	Plans	Enroll- ment (thou- sands)	Num- ber	Plans		Num- ber	Plans		Num- ber	Plans	
				Num- ber	Enroll- ment (thou- sands)		Num- ber	Enroll- ment (thou- sands)		Num- ber	Enroll- ment (thou- sands)
All plans-----	196	4,047.6	184	58	999.2	3,255	53	981.3	26	8	68.2
Community-----	28	2,178.4	79	13	869.8	1,585	13	867.6	8	2	56.0
Employer-employee-union-----	147	1,593.2	103	44	123.4	1,656	39	107.7	18	6	12.2
Union-employer welfare fund-----	75	887.0	19	14	65.5	107	10	50.0	17	5	11.2
Employer or employer association-----	22	77.1	11	10	11.6	1,101	10	11.6	1	1	.9
Union-----	5	162.2									
Employee association-----	18	259.6	49	6	16.9	142	6	16.9			
Employer-employee association-----	27	207.2	24	14	29.4	306	14	29.4			
Private group clinic-----	21	276.0	2	1	6.0	14	1	6.0			

dentists in these groups. It will be seen that 58 plans (about 30 percent of all) with a total enrollment of 999,000 provided service through such contracts. The total number of groups contracted with was 184, made up of 3,255 physicians and 26 dentists. About half of the community group practice plans with about 40 percent of the total enrollment reported contracting with groups for service.⁴ A little less than a third of the employer-employee-union group practice plans reported such contracts but these plans had less than 10 percent of the enrollment in all industrial group practice plans.

Many physicians dislike the idea of being on salary and of losing the prerogative and status assumed to be associated with independent private practice. This has led a number of community and industrial plans to contract with the groups of physicians providing service under terms which allow the physicians involved somewhat more say in the operation of the group, the conditions of work and their remuneration than they might have as straight salaried employees of the plan.

Geographical Distribution

Table 28 shows the distribution of the plans and their enrollment by region and State, with enrollment according to State of plan headquarters. The majority of the plans, 119 out of 196, are in two regions, the Middle Atlantic, with 61, and the Pacific area with 58, and about 40 percent of the plans are in two States, New York and California. Enrollment is even more concentrated. Of the total enrollment for any benefit, 82 percent is in these two regions and 68 percent is in the two States of New York and California. Primarily these data reflect the presence in California of the two large Kaiser plans, and in New York the presence of HIP and a multitude of union welfare fund programs.

Type of plans.—Among the community plans there is one in the Middle Atlantic States, 7 in the East and West North Central States, and 13 in the Pacific States, with 82 percent of the enrollment being in plans located in New York and California.

There is also a great concentration of employer-employee-union plans and enrollment in the Middle Atlantic and Pacific States. New York State has 34 percent of all plans of this type. Other States with relatively numerous industrial plans are Hawaii—23 plans with 36,000 participants (these are largely plans maintained by the sugar or pineapple growers for their workers)—California, 12 plans with 147,000 participants; and Pennsylvania, 8 plans with 266,000 participants. In terms of enrollment, New York leads with 42 percent of the enrollment, Pennsylvania comes next

⁴ Among the community plans the largest plan which contracts with medical or dental groups for service is the Health Insurance Plan of Greater New York. The Kaiser plans are not included among those providing service through contracts with medical groups, as indicated earlier.

with 17 percent, California next with 9 percent, and Missouri, next with 6 percent. There is a scattering of these plans all through the West—largely the railway associations and programs maintained by mining companies for their employees.

Of the 21 private group clinic plans, 8 are located in the Pacific region, 6 in the South Atlantic region, and 4 in the West North Central region. Of the total enrollment in such plans 58 percent is in California.

There are 15 “multi-State” group practice plans, i.e., plans serving appreciable number of persons residing in States other than the State of plan headquarters. These plans have a total enrollment of 615,000. One is an International Ladies’ Garment Workers’ Union welfare fund, which covers workers in two or more States and another is Group Health Association of Washington, D.C., which serves appreciable number of persons residing in nearby Virginia and Maryland. The remaining multi-State group practice plans are all railway hospital associations, each serving workers residing in the States traversed.

State of residence.—Table 29 shows the number of persons covered for specified benefits by State of residence, the persons served by the multi-State plans having been allocated to State of residence. The distribution of enrollment for any benefit shown in this table is not appreciably different from that in the preceding table. Again, the predominance of the Middle Atlantic and Pacific States and in particular, of New York and California, is apparent. In the distribution of enrollment for hospital benefits, California leads with 49 percent of the total enrollment and New York drops to a low second place, because the latter’s HIP does not cover hospital care. The largest enrollment for any single benefit among the group practice plans is for physicians’ office and clinic service, and here the Middle Atlantic and the Pacific States are greatly in the lead with 82 percent of the total enrollment for these services.

The proportion of persons enrolled in all independent plans who are covered through group practice plans, by region of residence is as follows:

United States.....	40.4
New England.....	17.3
Middle Atlantic.....	38.8
East North Central.....	15.0
West North Central.....	47.3
South Atlantic.....	22.5
East South Central.....	22.2
West South Central.....	40.2
Mountain.....	29.0
Pacific.....	62.6

Finances

Group practice plans in 1964 had a total income of \$253 million, of which \$228 million came from subscriber dues or employer-employee contributions, \$20 million from fees or charges for health services, and \$5

TABLE 29.—Group practice—enrollment covered for specified benefits, by State of residence

Region and State	Any benefit		Hospital care		Surgical-obstetrical care		In-hospital medical care		Office and clinic	
	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent
United States.....	4,047.6	100.0	2,695.4	100.0	3,504.5	100.0	3,175.5	100.0	3,844.1	100.0
New England.....	40.6	1.0	34.4	1.3	34.4	1.0	3.4	.1	34.4	.9
Maine.....										
New Hampshire.....										
Vermont.....										
Massachusetts.....	28.6	.7	28.6	1.1	28.6	.8			28.6	.7
Rhode Island.....	2.5	.1	2.5	.1	2.5	.1			2.5	.1
Connecticut.....	9.6	.2	3.3	.1	3.3	.1	3.3	.1	3.3	.1
Middle Atlantic.....	1,605.2	39.7	488.4	18.1	1,225.1	35.0	923.9	29.1	1,524.1	39.6
New York.....	1,322.3	32.7	289.5	10.7	1,040.0	29.7	829.5	26.1	1,241.2	32.3
New Jersey.....	43.9	1.1	43.9	1.6	26.2	.7	20.4	.6	43.9	1.1
Pennsylvania.....	239.0	5.9	155.0	5.8	159.0	4.5	74.0	2.3	239.0	6.2
East North Central.....	175.0	4.3	140.0	5.2	167.7	4.8	154.0	4.8	175.0	4.6
Michigan.....	68.8	1.7	68.8	2.6	68.8	2.0	68.8	2.2	68.8	1.8
Ohio.....	21.3	.5	15.0	.6	19.2	.5	15.0	.5	21.3	.6
Illinois.....	67.5	1.7	38.7	1.4	62.2	1.8	52.7	1.7	67.5	1.8
Indiana.....	2.4	.1	2.4	.1	2.4	.1	2.4	.1	2.4	.1
Wisconsin.....	15.1	.4	15.1	.6	15.1	.4	15.1	.5	15.1	.4
West North Central.....	155.2	3.8	117.5	4.4	139.9	4.0	147.6	4.6	155.2	4.0
Minnesota.....	44.6	1.1	13.6	.5	36.1	1.0	43.7	1.4	44.6	1.2
Iowa.....	3.2	.1	3.2	.1	3.2	.1	3.2	.1	3.2	.1
Missouri.....	65.4	1.6	58.7	2.2	58.7	1.7	58.7	1.8	65.4	1.7
North Dakota.....	1.9	(¹)	1.9	.1	1.9	.1	1.9	.1	1.9	(¹)
South Dakota.....	8.0	.2	8.0	.3	8.0	.2	8.0	.3	8.0	.2
Nebraska.....	11.7	.3	11.7	.4	11.7	.3	11.7	.4	11.7	.3
Kansas.....	20.5	.5	20.5	.8	20.5	.6	20.5	.6	20.5	.5
South Atlantic.....	140.1	3.5	106.4	3.9	109.0	3.1	96.3	3.0	103.3	2.7
Delaware.....	.7	(¹)	.7	(¹)	.7	(¹)			.7	(¹)
Maryland.....	34.5	.9	31.9	1.2	34.4	1.0	23.8	.7	34.4	.9
District of Columbia.....	45.5	1.1	25.0	.9	25.0	.7	25.0	.8	25.0	.7
Virginia.....	26.8	.7	24.2	.9	24.3	.7	24.3	.8	20.8	.5
West Virginia.....	17.3	.4	17.2	.6	17.2	.5	17.2	.5	7.0	.2
North Carolina.....										
South Carolina.....										
Georgia.....										
Florida.....	15.4	.4	7.4	.3	7.4	.2	6.0	.2	15.4	.4
East South Central.....	72.0	1.8	30.3	1.1	32.3	.9	68.8	2.2	57.4	1.5
Kentucky.....	6.9	.2	6.9	.3	6.9	.2	6.9	.2	6.9	.2
Tennessee.....	2.1	.1	2.1	.1	2.1	.1	2.1	.1	2.1	.1
Alabama.....	46.8	1.2	5.0	.2	7.1	.2	45.2	1.4	46.8	1.2
Mississippi.....	16.2	.4	16.2	.6	16.2	.5	14.5	.5	1.6	(¹)
West South Central.....	95.1	2.3	84.7	3.1	89.6	2.6	81.7	2.6	90.2	2.3
Arkansas.....	26.2	.6	25.8	1.0	26.2	.7	23.2	.7	23.2	.6
Louisiana.....	24.2	.6	24.2	.9	24.2	.7	24.2	.8	22.4	.6
Oklahoma.....	8.5	.2	8.5	.3	8.5	.2	8.5	.3	8.5	.2
Texas.....	36.1	.9	26.2	1.0	30.6	.9	25.8	.8	36.2	.9
Mountain.....	86.6	2.1	86.4	3.2	86.5	2.5	86.6	2.7	73.9	1.9
Montana.....	4.9	.1	4.9	.2	4.9	.1	4.9	.2	4.9	.1
Idaho.....	6.1	.2	6.1	.2	6.1	.2	6.1	.2	6.1	.2
Wyoming.....	4.3	.1	4.3	.2	4.3	.1	4.3	.1	4.3	.1
Colorado.....	27.4	.7	27.3	1.0	27.4	.8	27.4	.9	14.8	.4
New Mexico.....	5.4	.1	5.4	.2	5.4	.2	5.4	.2	5.4	.1
Arizona.....	26.7	.7	26.7	1.0	26.7	.8	26.7	.8	26.7	.7
Utah.....	9.2	.2	9.2	.3	9.2	.3	9.2	.3	9.2	.2
Nevada.....	2.5	.1	2.5	.1	2.5	.1	2.5	.1	2.5	.1

See footnote at end of table.

TABLE 29.—Group practice—enrollment covered for specified benefits, by State of residence—Continued

Region and State	Any benefit		Hospital care		Surgical-obstetrical care		In-hospital medical care		Office and clinic	
	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent	Enrollment (thousands)	Per cent
Pacific.....	1,677.8	41.5	1,607.3	59.6	1,619.8	46.2	1,613.3	50.8	1,630.6	42.4
Washington.....	113.4	2.8	111.1	4.1	111.1	3.2	111.1	3.5	111.1	2.9
Oregon.....	78.3	1.9	78.3	2.9	78.3	2.2	78.2	2.5	78.3	2.0
California.....	1,398.0	34.5	1,330.3	49.4	1,342.4	38.3	1,335.9	42.1	1,353.1	35.3
Alaska.....										
Hawaii.....	88.1	2.2	87.6	3.2	88.1	2.5	88.1	2.8	88.1	2.3

¹ Less than 0.05 percent.

million from investment and other income (table 30). The plans spent \$229 million in providing benefits, equivalent to 90.5 percent of total income. Administrative expenses amounted to \$15.6 million, 6.1 percent of total income. Net income, i.e., the difference between total income and benefit plus administrative expense, amounted to \$8.5 million—3.3 percent of total income.

The community plans received 58 percent of the total income of all group practice plans, the employer-employee-union plans, 37 percent, of which the greatest share went to the welfare funds, employee associations and employer-employee associations, and private group clinic plans received the balance.

As explained earlier, most group practice plans find considerable difficulty in separating expenditures incurred in directly providing care from administrative expense. There is no problem on this score for plans like HIP which purchase service from autonomous medical groups; but for all other plans the figures on administrative expense and benefit expense are to be regarded as approximations only. The more reliable data are the total income and total expenditures of the plans.

It will be seen that the administrative expense ratios shown for the various types of plans are all more or less of the same level. Any differences are probably not meaningful.

Among the industrial plans, the welfare funds have the largest margin of net income. These funds need to build up some reserves against the possibility of reduced employer contributions in the event of lower employment. After suitable reserves are accumulated the funds usually expand benefits to take up the slack. The employer plans reported a net loss, i.e., greater expenses than income. This is probably not significant; it means simply that employers who are probably bearing most of the plan's expense anyway are making additional contributions by absorbing the excess of expense over income.

The employee association plans also showed a deficit on this year's operations. Important in this group are the railway hospital associations

TABLE 30.—Group practice—income and expenditures, by type of plan

Type of plan	Income (thousands)					Expenditures				Net income		
	Total	Sub- scriber dues; employer, employee contri- butions	Fees or charges for health services	Invest- ment and other income	Total		Health care benefits		Administrative		Amount (thou- sands)	Per- cent of total income
					Amount (thou- sands)	Per- cent of total income	Amount (thou- sands)	Per- cent of total income	Amount (thou- sands)	Per- cent of total income		
All plans-----	\$253,431	\$228,373	\$20,432	\$4,626	\$244,963	96.7	\$229,369	90.5	\$15,585	6.1	\$8,468	3.3
Community-----	147,279	132,915	13,054	1,310	144,914	98.4	136,332	92.6	8,583	5.8	2,364	1.6
Employer-employee-union-----	94,671	87,717	3,769	3,186	88,792	93.8	82,812	87.5	5,980	6.3	5,879	6.2
Union-employer welfare fund-----	32,509	29,759	442	2,307	26,509	81.5	24,322	74.8	2,188	6.7	6,000	18.5
Employer or employer association-----	4,999	4,968	32	-----	5,609	112.2	5,328	106.6	281	5.6	-610	-12.2
Union-----	10,072	9,958	48	66	9,804	97.3	9,263	92.0	541	5.4	268	2.7
Employee association-----	27,258	24,883	1,729	646	27,655	101.5	25,786	94.6	1,869	6.9	-397	-1.5
Employer-employee association-----	19,833	18,148	1,518	166	19,214	96.9	18,114	91.3	1,100	5.5	319	3.1
Private group clinic-----	11,481	7,741	3,609	131	11,247	98.0	10,225	89.1	1,022	8.9	234	2.0
Percent distribution												
All plans-----	100.0	100.0	100.0	100.0	100.0	-----	100.0	-----	100.0	-----	100.0	-----
Community-----	58.1	58.2	63.9	28.3	59.2	-----	59.4	-----	55.1	-----	27.9	-----
Employer-employee-union-----	37.4	38.4	18.4	68.9	36.2	-----	36.1	-----	38.4	-----	69.4	-----
Union-employer welfare fund-----	12.8	13.0	2.2	49.9	10.8	-----	10.6	-----	14.0	-----	70.9	-----
Employer or employer association-----	2.0	2.2	.2	-----	2.3	-----	2.3	-----	1.8	-----	-7.2	-----
Union-----	4.0	4.4	.2	1.4	4.0	-----	4.0	-----	3.5	-----	3.2	-----
Employee association-----	10.8	10.9	8.5	14.0	11.3	-----	11.2	-----	12.0	-----	-4.7	-----
Employer-employee association-----	7.8	7.9	7.4	3.6	7.8	-----	7.9	-----	7.1	-----	7.3	-----
Private group clinic-----	4.5	3.4	17.7	2.8	4.6	-----	4.5	-----	6.6	-----	2.8	-----

which are apparently finding it difficult to keep “in the black,” perhaps because of a decline in the number of active railway employees, and a constant increase in retired employees entitled to care.

Expenditures.—Table 31 shows the distribution of benefit expenditures of the group practice plans among the various types of services. Again, these figures are to be regarded as approximations, inasmuch as plans directly providing a variety of services through their own facilities and salaried personnel find it difficult in the absence of sophisticated accounting techniques, to determine how much is being spent to provide each type of service (see page 22 for methods of estimation). The figures show that for all plans 61 percent of benefit expenditures were for physicians’ services, 33 percent for hospital care, 2½ percent each for dental care and drugs, respectively, and negligible shares for the other services. Among the community plans, most of which provide complete

TABLE 31.—Group practice—benefit expenditures, by type of plan and type of service

Type of service	Total	Type of plan		
		Community	Employer- employee- union	Private group clinic
Expenditures (thousands)				
All plans	\$229,369	\$136,332	\$82,812	\$10,225
Hospital care	75,671	39,361	34,623	1,688
Physicians' services	140,657	95,175	37,696	7,786
Dental care	5,789	453	4,729	607
Drugs outside hospital	5,654	1,023	4,503	127
Visiting nurse service	339	235	102	2
Special duty nursing	228	15	210	2
Eyeglasses	654	13	637	5
Nursing-home care	182	-----	182	-----
Other	194	57	128	8
Percent distribution by type of service				
All plans	100.0	100.0	100.0	100.0
Hospital care	33.0	28.9	41.8	16.5
Physicians' services	61.3	69.8	45.5	76.1
Dental care	2.5	.3	5.7	5.9
Drugs outside hospital	2.5	.8	5.4	1.2
Visiting nurse service .....	.1	.2	.1	(1)
Special duty nursing .....	.1	(1)	.3	(1)
Eyeglasses .....	.3	(1)	.8	(1)
Nursing-home care .....	.1	-----	.2	-----
Other .....	.1	(1)	.2	.1
Percent distribution by type of plan				
All plans	100.0	59.4	36.1	4.5
Hospital care	100.0	52.0	45.8	2.2
Physicians' services	100.0	67.7	26.8	5.5
Dental care	100.0	7.8	81.7	10.5
Drugs outside hospital	100.0	18.1	79.7	2.2
Visiting nurse service	100.0	69.4	30.0	.6
Special duty nursing	100.0	6.5	92.5	1.0
Eyeglasses	100.0	1.9	97.3	.8
Nursing-home care	100.0	-----	100.0	-----
Other	100.0	29.6	66.2	4.2

¹ Less than .05 percent.

physician service, the proportion going for physicians' services is higher than that for hospital care—it costs more to provide comprehensive physician service than hospital care (also HIP does not cover hospital care). Among the employer-employee-union plans, many of which do not provide complete physician service, there is a more even balance between expenditures for hospital care and physicians' services and larger shares of the total are spent for dental care and drugs. In the private group clinic plans, most of which do not cover hospital care, or cover it only in a supplementary way, three-fourths of the expenditures were for physicians' services and only 17 percent for hospital care.

Table 32 shows the income and benefit expenditures of group practice plans by region and State. The left half of the table shows income and benefit expenditures according to State of plan headquarters, the right half shows income and benefit expenditures according to State of residence, i.e., with income and benefit expenditures of the multi-State plans distributed according to State of residence of the persons served. The difference between the two distributions is really not material.

As might be expected, the plans in the Middle Atlantic and Pacific States received the greater part—over three-quarters—of the total income of all group practice plans, and plans in New York and California had two-thirds of the income of all such plans.

TABLE 32.—Group practice—income and benefit expenditures, by State of plan headquarters and of residence

Region and State	By plan headquarters				By residence			
	Income		Benefit expenditures		Income		Benefit expenditures	
	Amount (thou-sands)	Per-cent	Amount (thou-sands)	Per-cent	Amount (thou-sands)	Per-cent	Amount (thou-sands)	Per-cent
United States.....	\$253,431	100.0	\$229,369	100.0	\$253,431	100.0	\$229,369	100.0
New England.....	377	.1	323	.1	1,353	.5	1,065	.5
Maine.....								
New Hampshire.....								
Vermont.....								
Massachusetts.....	183	.1	131	.1	939	.4	719	.3
Rhode Island.....					78	(1)	61	(1)
Connecticut.....	193	.1	192	.1	336	.1	286	.1
Middle Atlantic.....	66,429	26.2	55,471	24.2	65,433	25.8	54,712	23.9
New York.....	58,531	23.1	48,606	21.2	56,556	22.3	47,056	20.5
New Jersey.....	206	.1	151	.1	2,142	.8	1,687	.7
Pennsylvania.....	7,692	3.0	6,715	2.9	6,735	2.7	5,969	2.6
East North Central.....	12,874	5.1	12,090	5.3	13,529	5.3	12,512	5.5
Michigan.....	5,258	2.1	4,764	2.1	5,258	2.1	4,764	2.1
Ohio.....	608	.2	507	.2	919	.4	771	.3
Illinois.....	5,620	2.2	5,544	2.4	5,574	2.2	5,328	2.3
Indiana.....					263	.1	243	.1
Wisconsin.....	1,389	.5	1,275	.6	1,515	.6	1,406	.6
West North Central.....	18,165	7.2	16,696	7.3	13,645	5.4	12,469	5.4
Minnesota.....	4,107	1.6	4,035	1.8	2,399	.9	2,322	1.0
Iowa.....					414	.2	402	.2
Missouri.....	9,617	3.8	8,584	3.7	6,005	2.4	5,175	2.3
North Dakota.....					227	.1	225	.1

TABLE 32.—Group practice—income and benefit expenditures,
by State of plan headquarters and of residence—Continued

Region and State	By plan headquarters				By residence			
	Income		Benefit expenditures		Income		Benefit expenditures	
	Amount (thou- sands)	Per- cent	Amount (thou- sands)	Per- cent	Amount (thou- sands)	Per- cent	Amount (thou- sands)	Per- cent
South Dakota-----	342	.1	325	.1	342	.1	325	.1
Nebraska-----					1,517	.6	1,463	.6
Kansas-----	4,099	1.6	3,770	1.6	2,741	1.1	2,557	1.1
South Atlantic-----	10,104	4.0	8,944	3.9	9,030	3.6	8,033	3.5
Delaware-----					20	(¹)	16	(¹)
Maryland-----	705	.3	559	.2	2,652	1.0	2,307	1.0
District of Columbia-----	5,824	2.3	5,239	2.3	2,794	1.1	2,518	1.1
Virginia-----	2,796	1.1	2,400	1.0	2,048	.8	1,820	.8
West Virginia-----	409	.2	390	.2	1,132	.4	1,003	.4
North Carolina-----								
South Carolina-----								
Georgia-----								
Florida-----	370	.1	356	.2	384	.2	369	.2
East South Central-----	567	.2	562	.2	2,442	1.0	2,336	1.0
Kentucky-----					725	.3	636	.3
Tennessee-----					269	.1	267	.1
Alabama-----	314	.1	298	.1	999	.4	973	.4
Mississippi-----	252	.1	263	.1	448	.2	460	.2
West South Central-----	5,741	2.3	5,365	2.3	8,653	3.4	8,156	3.6
Arkansas-----	922	.4	940	.4	1,724	.7	1,731	.8
Louisiana-----	1,297	.5	1,164	.5	1,665	.7	1,536	.7
Oklahoma-----	350	.1	309	.1	785	.3	706	.3
Texas-----	3,172	1.3	2,951	1.3	4,479	1.8	4,184	1.8
Mountain-----	11,277	4.4	10,827	4.7	10,234	4.0	9,790	4.3
Montana-----					595	.2	588	.3
Idaho-----					822	.3	795	.3
Wyoming-----					584	.2	565	.2
Colorado-----	2,574	1.0	2,462	1.1	3,066	1.2	2,930	1.3
New Mexico-----					705	.3	652	.3
Arizona-----	2,600	1.0	2,475	1.1	3,082	1.2	2,938	1.3
Utah-----	6,102	2.4	5,890	2.6	1,089	.4	1,043	.5
Nevada-----					292	.1	281	.1
Pacific-----	127,898	50.5	119,092	51.9	129,112	50.9	120,295	52.4
Washington-----	7,711	3.0	6,979	3.0	9,738	3.8	8,927	3.9
Oregon-----	5,969	2.4	5,530	2.4	6,452	2.5	6,027	2.6
California-----	107,765	42.5	100,047	43.6	106,469	42.0	98,805	43.1
Alaska-----								
Hawaii-----	6,453	2.5	6,536	2.8	6,453	2.5	6,536	2.9

¹ Less than 0.05 percent.

IV. SPECIAL ASPECTS

This chapter deals with two subjects on which supplementary information was requested in the survey, namely, the arrangements for coverage or provision of drugs and eyeglasses and the extent to which employer-employee-union plans extend coverage to retired workers.

Arrangements for Drugs and Eyeglasses

There is increasing interest among health insurance organizations in the coverage of types of medical care not usually covered, notably dental care, drugs, and eye examinations and eyeglasses. The independent plans have been leaders in developing coverage of these newer types of care. To obtain more extensive information on the various arrangements used for the coverage of drugs and eyeglasses, the questionnaire asked: "If your plan includes drugs and/or eyeglasses in its prepayment program, or makes these available to covered persons, please briefly describe arrangements below," with a space set aside for drugs and another for eyeglasses. Table 33 summarizes the answers to this question.

Drugs.—Arrangement for the provision of drugs was found in 156 of the 582 plans with an enrollment of $4\frac{1}{2}$ million (for any benefit)—approximately 45 percent of the total. Some 63 plans, with an enrollment of .6 million provide full coverage of drugs under their prepayment plan. Another 66 plans, with 2.4 million enrollees provide partial coverage of drugs under prepayment, and the remaining 27 plans, with 1.6 million enrollees, do not cover drugs under the prepayment program, but make them available to covered persons at a "reduced charge or cost."

Few of the plans which stated that they provided drugs at a "reduced charge or cost" specified precisely what this language meant in practice. It is probable that in most cases the plan filled prescriptions or made drugs available at prices somewhat lower than those of commercial drug stores, but which nevertheless met the plan's full costs in providing drugs.

Obviously, then, the distinction between partial coverage of drugs under prepayment and provision of drugs at reduced charges or cost is not a clear one. If a prepayment plan fills prescriptions for covered persons at prices less than the cost of providing the service, the prepayment plan is, in effect, subsidizing the provision of drugs and thus to some extent covering them under prepayment. In general, however, the distinction

TABLE 33.—Arrangements for provision of drugs and eyeglasses

	All plans		Community		Employer- employee-union		Medical society		Private group clinic		Dental society	
	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)
Arrangements for drugs												
All plans-----	582	10,025.0	43	3,477.9	507	5,711.7	2	10.4	21	276.0	9	549.0
Some provision for drugs-----	156	4,503.4	20	1,470.3	129	2,999.8	1	8.2	6	25.1		
Own pharmacy:-----												
Totally covered by prepayment-----	24	443.8	5	187.0	14	233.1			4	15.1		
Partially covered by prepayment-----	22	368.4	4	92.4	17	267.0	1	8.2	1	9.0		
Not covered under prepayment but available at reduced cost-----	19	1,511.1	8	1,185.2	10	325.3			1	.6		
No pharmacy:-----												
Totally covered by prepayment-----	39	150.7	1	(¹)	38	150.7						
Partially covered by prepayment-----	44	1,922.7	1	5.5	43	1,917.2						
Not covered under prepayment but available at reduced cost-----	8	106.7	1	.2	7	106.5						
No provision for drugs-----	426	5,521.6	23	2,007.6	378	2,711.9	1	2.2	15	250.9	9	549.0
Arrangements for eyeglasses												
All plans-----	582	10,025.0	43	3,477.9	507	5,711.7	2	10.4	21	276.0	9	549.0
Some provision for eyeglasses-----	137	2,699.1	8	1,320.0	127	1,232.7						
Own optical unit:-----												
Totally covered by prepayment-----	2	51.0			2	51.0						
Partially covered by prepayment-----	3	113.9	1	25.3	2	88.6						
Not covered under prepayment but available at reduced cost-----	13	1,599.1	7	1,294.8	4	158.0			2	146.3		
No optical unit:-----												
Totally covered by prepayment-----	30	197.7			30	197.7						
Partially covered by prepayment-----	84	640.1			84	640.1						
Not covered under prepayment but available at reduced cost-----	5	97.4			5	97.4						
No provision for eyeglasses-----	445	7,325.9	35	2,157.9	380	4,479.0	2	10.4	19	129.7	9	549.0

¹ Less than 50.

seemed to be a meaningful one and programs were so classified as well as could be from the information given.¹

Of the 156 plans with some provision for drugs, 65, with an enrollment of 2.3 million, have their own pharmacy or pharmacies (almost all of these were group practice plans) and in general, it may be assumed, covered or provided only prescriptions filled by their pharmacy. Of these plans over two-thirds totally or partially provide coverage of drugs under the prepayment plan. However, two-thirds of the enrollment is in plans which do not cover drugs under prepayment arrangements but make them available at "reduced cost." Of the 91 plans (with an enrollment of 2.2 million) which do not have a pharmacy, 83, with virtually all the enrollment, provide drugs partially or wholly under prepayment. However, most of the enrollment is in the 44 plans that only partially cover drugs under prepayment.

Of the 43 community plans, 20 with an enrollment of 1.5 million have some arrangements for the provision of drugs. All but three of these have their own pharmacy or pharmacies. Nine of the 17 plans with pharmacies wholly or partially cover drugs under prepayment arrangements but these plans have only a relatively small enrollment. Over four-fifths of the enrollment is in the 8 plans which do not cover drugs under prepayment, but make them available at a reduced cost. Four of these plans are the Kaiser plans, all of which have pharmacies at their hospitals and clinics; these fill prescriptions and sell other items at prices somewhat less than those at commercial drug stores. Community plans which provide drugs but do not have their own pharmacies have a very small enrollment.

The arrangements for drugs at some of the larger community plans are of interest. Those of the four Kaiser plans have already been indicated. Group Health Insurance, Inc., is included in these tabulations as not covering drugs in any way but is, in fact, beginning to sell riders which make some coverage of drugs available. The Health Insurance Plan of Greater New York does not cover drugs under its prepayment plan; some of the larger medical HIP groups, it is believed, have pharmacies which fill prescriptions and sell drugs at market prices. Group Health Cooperative of Puget Sound provides all prescribed drugs in full under prepayment.²

¹ The number of plans (129) with prepayment coverage of drugs and their enrollment (2,885,600) is at variance with the number of plans covering drugs (142) and the number of persons covered for drugs (2,658,900) as shown in table 6. This discrepancy is caused by a few plans showing an enrollment for prepayment coverage of drugs and then under the supplementary question on arrangements for drugs indicating that they provided drugs at reduced costs rather than on a prepayment basis. While considerable pains were taken to edit and code both parts of the questionnaire on a consistent basis, some inconsistency remained. The difference in enrollment is due to the same factors and also to the fact that the enrollment indicated in table 33 is enrollment for any benefit while that shown for drugs in table 6 is number covered for drugs. Some plans have only some of their enrollees covered for drugs, not all.

² The plan has a formulary developed by the medical staff and pharmacist and in general physicians may prescribe only drugs on the formulary. The plan's officials believe that this practice is very important in keeping drug costs low. The plan has reported (not as part of this survey) that its cost of providing drugs for outpatients amounts to approximately \$7.00 a year per covered person.

Group Health Association of Washington, D.C., under its premium contracts, covers drugs on a major medical basis, i.e., pays 80 percent of the cost of drugs prescribed by GHA doctors after the covered person has incurred an expense of \$50 in any one year. Community Health Association in Detroit has a pharmacy at its Metropolitan Hospital and Clinic which fills prescriptions for outpatients at reduced charges.

Some 129 employer-employee-union plans, with an enrollment of 3.0 million, provide some coverage of drugs. Over two-thirds of the enrollment is in the 43 plans which have no pharmacy but partially cover drugs under prepayment. A good many of the union health centers have pharmacies which fill prescriptions of staff doctors, generally at prices somewhat less than at other pharmacies.³ In general, the private group clinic plans had no provisions for drugs.

Eyeglasses.—Table 33 shows that 137 plans with an enrollment of 2.7 million have some provisions for eyeglasses.⁴ Almost two-thirds of the enrollment is in plans which do not cover eyeglasses under prepayment but make eyeglasses available at reduced cost (all or most provide the eye examinations as part of the prepayment coverage).

Of the 43 community plans, 8 with an enrollment of 1.3 million, have some provisions for eyeglasses and all of these have their own optical unit. With the exception of one plan, they do not cover eyeglasses under prepayment; the optical unit provides glasses prescribed by staff physicians or optometrists at charges somewhat less than a subscriber would have to pay elsewhere.

Some 127 employer-employee-union plans have some provision for eyeglasses but few of these have their own optical unit. Most of the plans, with the bulk of the enrollment, pay part of the cost of prescribed eyeglasses at the optometrist or optician selected by the covered person. Many of these plans are for workers in trades where good eyesight is particularly important. By paying stipulated amounts once a year or once every two years toward the cost, these plans encourage and aid union members or employees to obtain needed eyeglasses. Two private group clinic plans have optical units and make their eyeglasses available at reduced charges.

Table 34 gives data for the group practice plans similar to those shown in table 33 for all plans.

Coverage of Retired Workers

In view of the very active discussion of legislation for health insurance benefits for aged persons under social security at the time the questionnaire

³ Many (perhaps most) of the labor health centers restrict their physicians to a drug formulary and officials of some of these plans have reported that this practice greatly reduces their cost per prescription.

⁴ See Note 1 for explanation of difference between the number of plans (119) shown with prepayment coverage of eyeglasses in this total and the number (121 plans) shown in table 6.

TABLE 34.—Group practice—arrangements for provision of drugs and eyeglasses

	All plans		Community		Employer- employee-union		Private group clinic	
	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)	Plans	Enroll- ment (thou- sands)
Arrangements for drugs								
All plans.....	196	4,047.6	28	2,178.4	147	1,593.2	21	276.0
Some provision for drugs.....	92	2,365.1	17	1,362.9	69	977.2	6	25.1
Own pharmacy:								
Totally covered by prepay- ment.....	21	328.2	3	79.6	14	233.2	4	15.5
Partially covered by prepay- ment.....	21	362.4	4	92.4	16	260.9	1	9.0
Not covered under prepay- ment but available at reduced cost.....	18	1,416.1	8	1,185.2	9	230.3	1	.6
No pharmacy:								
Totally covered by prepay- ment.....	22	67.3	1	.2	21	67.1	-----	-----
Partially covered by prepay- ment.....	6	116.0	1	5.5	5	110.5	-----	-----
Not covered under prepay- ment but available at re- duced cost.....	4	75.2	-----	-----	4	75.2	-----	-----
No provision for drugs.....	104	1,682.5	11	815.5	78	616.0	15	250.9
Arrangements for eyeglasses								
All plans.....	196	4,047.6	28	2,178.4	147	1,593.2	21	276.0
Some provision for eyeglasses.....	73	2,236.6	8	-----	63	770.3	2	146.3
Own optical unit:								
Totally covered by prepay- ment.....	2	51.0	-----	-----	2	51.0	-----	-----
Partially covered by prepay- ment.....	3	113.9	1	25.3	2	88.6	-----	-----
Not covered under prepay- ment but available at re- duced cost.....	12	1,504.1	7	1,294.8	3	63.0	2	146.3
No optical unit:								
Totally covered by prepay- ment.....	7	87.2	-----	-----	7	87.2	-----	-----
Partially covered by prepay- ment.....	46	399.4	-----	-----	46	399.4	-----	-----
Not covered under prepay- ment but available at re- duced cost.....	3	81.0	-----	-----	3	81.0	-----	-----
No provision for eyeglasses.....	123	1,811.0	20	858.4	84	822.9	19	129.7

was developed, it appeared desirable to obtain information on the extent to which certain independent plans extended coverage to aged persons.

Since the practices of community plans as regards coverage of the aged persons were known, it was not necessary to address questions on this aspect to them. In general all of these plans permit individuals leaving groups because of retirement or other reasons to convert to individual, pay-direct contracts. Aged persons holding such contracts might be entitled to less comprehensive benefits, or might have to pay more, than group subscribers; but nevertheless they are eligible for benefits.

Employer-employee-union plans, whose retired worker coverage practices were not known, were asked to indicate whether retired employees were eligible for health benefits. Their responses are shown in table 35. Of the employer-employee-union plans, 52 percent, with about

TABLE 35.—Coverage of retired workers by employer-employee-union plans

Type of plan	All plans		Covering retired workers			
	Plans	Enrollment ¹ (thousands)	Plans	Enrollment ¹ (thousands)	Percent of total	
					Plans	Enrollment
Employer-employee-union plans.....	507	5,711.7	262	2,134.7	51.7	37.4
Union-employer welfare fund.....	202	2,593.9	123	1,025.4	60.9	39.5
Employer or employer association.....	117	893.8	41	290.5	35.0	32.5
Union.....	17	672.4	5	221.5	29.4	32.9
Employee association.....	74	541.5	44	270.1	59.5	49.9
Employer-employee association.....	97	1,010.0	49	327.3	50.5	32.4

¹ Includes subscriber or employee enrollment only.

37 percent of the total enrollment in all such plans, said that retired employees were eligible for health benefits. The proportion of plans answering this question affirmatively was highest for the welfare funds and employee associations and lowest for the union plans. In terms of enrollment the proportion of all enrollees in plans covering retired workers ranged from 32 percent in the employer-employee association plans to 50 percent among the employee association plans.

Presumably, most of the plans covering retired workers cover them on the same terms as active employees, i.e., if there is any direct contribution which must be paid by active employees the same is required from pensioners or other retired employees.

V. CHANGES IN PLANS, ENROLLMENT AND FINANCES, 1943-64

This chapter presents data on the number of "independent" plans and their enrollment since 1943, the year of the first Social Security Administration survey of these plans. Data are also presented on income and benefit expenditures since 1948.

In considering these data the nature of "independent" plans must be held in mind. These plans, being all health insurance organizations, other than Blue Cross-Blue Shield, or insurance companies, are an "all other" or residual group. Consequently, changes in the number of plans and their enrollment not only reflect the birth, growth or demise of organizations of various types, but also the metamorphosis of organizations formerly independent into Blue Cross or Blue Shield plans or insurance companies, and vice versa. An independent plan which becomes a Blue Cross or Blue Shield plan or an insurance company ceases to be numbered among the independents. A Blue Cross or Blue Shield plan which ceases to be affiliated with the national Blue Cross or Blue Shield association, becomes an independent plan.

Another aspect of change is found among the "employer-employee-union" plans where there is much turnover, i.e., organizations entering or leaving as independent plans. An employer or welfare fund which has been providing benefits through purchase of coverage from a carrier may decide that it could provide the same benefits more cheaply by self-insuring and so enters the ranks of the independent plans. Or a welfare fund, company or union which has been providing benefits directly may conclude that it would be better to purchase coverage of a Blue plan or an insurance company, and hence it ceases to be an independent plan.

Furthermore the data of any given year are for plans responding to that year's survey. At no time has the whole universe of independent plans been known. Hence, the changes from survey to survey reflect to some extent variations in the degree to which the SSA is cognizant of all independent plans in existence at the time, and the degree of response from the plans contracted in that year's survey.

Plans and Enrollment

Table 36 shows the number of reporting plans and their enrollment, by type of plan, as found in each of the SSA surveys over the period. Over

TABLE 36.—Plans and enrollment, by type of plan, 1943–64

Year	All plans	Type of plan				
		Community	Employer- employee- union	Medical society	Private group clinic	Dental society
	Plans					
1943-----	214	44	113	33	24	-----
1949-----	251	73	149	13	16	-----
1953-----	304	79	204	6	15	-----
1956-----	267	64	177	6	20	-----
1959-----	267	62	175	6	24	-----
1961-----	516	55	414	22	23	2
1964-----	582	43	507	2	21	9
	Enrollment (thousands)					
1943-----	2,957	455	1,184	942	376	-----
1949-----	4,461	1,159	1,970	917	416	-----
1953-----	9,685	3,800	4,223	1,063	599	-----
1956-----	8,944	4,265	3,383	544	742	-----
1959-----	9,876	4,481	3,838	618	939	-----
1961-----	8,688	3,232	4,729	346	225	154
1964-----	10,025	3,478	5,712	10	276	549

Source: For citation of reports and articles, see footnote 2, chapter 1.

the entire period the number of reporting plans has nearly tripled and their enrollment has more than tripled, but in comparison with Blue Cross and Blue Shield plans or insurance companies, the growth of these plans has been very small indeed. While enrollment for any benefit in independent plans increased from 3 million in 1943 to 10 million in 1964, the enrollment of Blue Cross plans grew from 13 to 60 million, that of Blue Shield from 1 to 51 million and the estimated net number of different persons covered by insurance companies for hospital benefits increased from 9 to 93 million.¹

The number of community plans increased somewhat from 1943 to 1949 or 1953 and then fell back to approximately the same level as in 1943. However, enrollment increased over the whole period from half a million to three and a half million. Virtually all of this increase was in plans which were not in existence in 1943.²

The number of reporting employer-employee-union plans and their enrollment has more than quadrupled since 1943. Some of the increase in the number of plans since the 1959 survey may reflect the more nearly complete information on such plans now available from reports submitted under the Federal Welfare and Pension Plans Disclosure Act. However, it is believed that over most of this period the identity of almost all of the

¹ Louis S. Reed, "Private Health Insurance in the United States: An Overview," *Social Security Bulletin*, December 1965.

² One reason for the decline in enrollment of the community plans from 1959 to 1961 was that in 1960, the Connecticut Blue Cross plan, which because of its refusal to affiliate with the national Blue Cross movement, had been an "independent" plan since 1950, reaffiliated with Blue Cross, hence, its one million plus members were withdrawn from "independent" plan enrollment.

larger plans was known to the SSA and that therefore the growth in enrollment is real, i.e., not due to changes in knowledge of plans or the extent of reporting. It is probable that not more than half of the plans that reported in 1943 were among those reporting in the 1964 survey, or to put it another way, probably most of the plans reporting in 1964 were not in existence ten years earlier.

It is believed that turnover among industrial independent plans has been high, i.e., that many organizations which were directly providing health benefits in 1943 or 1949 subsequently concluded that they would be better served by insuring with Blue-Cross-Blue Shield or an insurance company, and that conversely some of the 1964 plans are companies or funds which formerly were insured with Blue Cross-Blue Shield or insurance companies and subsequently decided to self-insure for their health care benefits.

The number of medical society plans has declined over this period virtually to the vanishing point, as gradually these organizations have affiliated with Blue Shield. The number of private group clinic plans has remained about the same over these years but total enrollment has declined. Table 36 shows a substantial growth in enrollment of these plans up through the 1959 survey and then a sharp drop in the 1961 survey. This is explained by the 1961 reclassification of the Kaiser Foundation Health Plan (formerly considered to be a single plan) from a private group clinic plan to a community plan. Table 37, which classifies this plan uniformly over the whole period, shows the private group clinic plans in a steady decline in enrollment.

The dental society plans are relatively new; the first of them was organized in 1954. They increased from two plans with an enrollment of 154,000 in 1961 to nine with an enrollment of 549,000 in 1964, and quite possibly will show substantial increases in the future.

Table 37 shows revised SSA data on enrollment in independent plans for hospital, surgical, and in-hospital medical visits for each year since 1940. These data were compiled so that the enrollment in these types of plans for each of the services might be added to those of Blue Cross-Blue Shield and insurance companies in order to obtain the gross enrollment of all types of health insurance organizations. The estimates for the years 1940-1962, were first published in 1964.^{2a} The figures differ from those previously presented, reflecting a considerable effort to classify plans consistently over the period and to achieve a consistent classification between medical society plans and Blue Shield and Blue Cross plans.

In this revision only those plans sponsored by medical societies which did not become Blue Shield plans directly upon or soon after the formation of the national Blue Shield organization in 1947 are counted as

^{2a} Louis S. Reed and Betty S. Rasmussen, *Enrollment in Blue Cross-Blue Shield Plans and Independent Health Insurance Plans for Hospital, Surgical and In-Hospital Medical Benefits, 1940-62*, Research and Statistics Note No. 4-1964, Office of Research and Statistics, SSA.

TABLE 37.—Enrollment covered for hospital, surgical, and in-hospital medical benefits, by type of plan, 1940-64

[In thousands]

Year	Hospital benefits				Surgical benefits				In-hospital medical benefits						
	Total	Com- munity	Em- ployer- em- plovee- union	Medical society	Private group clinic	Total	Com- munity	Em- ployer- em- plovee- union	Medical society	Private group clinic	Total	Com- munity	Em- ployer- em- plovee- union	Medical society	Private group clinic
1940-----	2,250	140	1,560	110	440	2,250	200	1,480	110	460	2,200	170	1,430	110	490
1941-----	2,270	140	1,560	130	440	2,270	200	1,480	130	460	2,220	170	1,430	130	490
1942-----	2,290	140	1,560	150	440	2,290	200	1,480	150	460	2,240	170	1,430	150	490
1943-----	2,319	144	1,560	170	445	2,323	205	1,481	170	467	2,271	178	1,432	170	491
1944-----	2,495	280	1,610	185	420	2,375	280	1,470	185	440	2,300	265	1,390	185	460
1945-----	2,670	420	1,660	200	390	2,420	350	1,460	200	410	2,335	350	1,360	200	425
1946-----	2,820	560	1,700	200	360	2,460	430	1,450	200	380	2,290	370	1,330	200	390
1947-----	3,040	700	1,760	250	330	2,550	500	1,450	250	350	2,340	440	1,290	250	360
1948-----	3,280	840	1,810	330	300	2,670	580	1,440	330	320	2,435	530	1,250	330	325
1949-----	3,623	977	1,870	508	268	3,026	653	1,438	643	292	2,855	703	1,217	643	292
1950-----	4,445	1,445	2,280	500	220	3,760	940	1,950	600	270	3,320	930	1,660	460	270
1951-----	5,290	1,910	2,700	500	180	4,510	1,230	2,470	570	240	3,830	1,000	2,110	470	250
1952-----	6,120	2,380	3,120	490	130	5,258	1,520	2,990	538	210	4,550	1,270	2,570	480	230
1953-----	6,973	2,851	3,541	493	88	6,007	1,803	3,516	502	186	5,247	1,531	3,018	488	210
1954-----	6,680	2,890	3,380	340	70	5,970	1,970	3,350	470	180	5,340	1,700	2,990	450	200
1955-----	6,545	2,920	3,220	360	45	5,930	2,130	3,200	430	170	5,440	1,870	2,960	420	190
1956-----	6,430	2,956	3,066	388	20	5,899	2,298	3,040	401	160	5,584	2,062	2,941	395	186
1957-----	6,411	2,920	3,090	371	30	5,990	2,360	3,070	390	170	5,645	2,185	2,890	380	190
1958-----	6,389	2,880	3,120	354	35	6,080	2,430	3,100	370	180	5,730	2,310	2,850	370	200
1959-----	6,380	2,846	3,153	337	44	6,188	2,496	3,138	360	194	5,807	2,432	2,801	360	214
1960-----	5,994	1,604	4,000	340	50	7,336	2,760	4,020	346	210	6,916	2,680	3,670	346	220
1961-----	7,102	1,851	4,850	344	57	8,494	3,026	4,891	346	231	8,030	2,924	4,523	346	237
1962-----	6,937	1,830	4,703	344	60	8,287	3,003	4,695	346	243	7,789	2,897	4,297	346	249
1963-----	7,165	1,947	4,814	344	60	8,608	3,206	4,806	346	250	8,093	3,093	4,398	346	256
1964-----	6,840	1,859	4,785	8	188	8,297	3,111	4,968	10	208	7,425	3,100	4,069	10	264

Source: Louis S. Reed, "Private Health Insurance in the United States: An Overview," *Social Security Bulletin*, December 1965.

independent plans. The data for these plans show some increase through 1949, then a consistent decline to 1963, and then a precipitous decline from 1963 to 1964 as the 22 county medical bureaus in the State of Washington which had hitherto not been affiliated with Blue Shield, became Blue Shield plans and hence ceased to be independent plans.

The data in table 37 for 1962 and 1963 are estimates, based on questionnaire responses of 30 or so of the larger plans which were surveyed in these years. Consideration was given to revising the 1962 and 1963 data so as to show a gradual change in enrollment for each type of plan from 1961 to 1964. It was concluded that this would not enhance the accuracy of the data to any worthwhile degree.

Largely because two large community plans do not cover hospital care, the enrollment for hospital benefits is, of course, less than that for surgical or in-hospital medical services.

Income and Benefit Expenditures

Table 38 presents data on the income and benefit expenditures of independent plans, by type of plan, over the period 1948-64. The data for 1948-63 are taken from the figures on "all other" plans which have been given over the years in the SSA series on private consumer expenditures for medical care and voluntary health insurance.³ The only modification is that these data are exclusive of the income and benefit expenditures of university and college student health service programs, which are not considered by the SSA to be independent health insurance plans, since they generally provide service only to students while on the campus and not throughout the entire year. The trends shown by these figures are similar to those for enrollment, which is to be expected.

Table 39 shows data on the number and enrollment of reporting group practice plans as shown by successive surveys over the period 1953-64. (Data for the years prior to 1953 are not available because separate count was not made of group practice plans in the earlier surveys.) The number of plans remained about the same from 1953 to 1961, and the increase from 143 in 1961 to 196 in 1964 is largely fictitious. It is a result of the fifty odd local plans of the International Ladies' Garment Workers' Union, many of which provide care through group practice being counted as one plan in 1961 and as separate plans in 1964, and the four Kaiser plans being counted as one plan in the 1961 survey and as four plans in the 1964 survey.

The data show very little growth in enrollment for any of the services over the whole period and very little change from 1961 to 1964. There

³ See Louis S. Reed, "Private Consumer Expenditures for Medical Care and Voluntary Health Insurance, 1948-63," *Social Security Bulletin*, December 1964; and preceding articles in this series. See also Louis S. Reed, "Private Health Insurance in the United States: An Overview," *Social Security Bulletin*, December 1965.

TABLE 38.—Income and benefit expenditures, by type of plan, 1948–64

[In millions]

Year	Total ¹	Type of plan				
		Community	Employer- employee- union	Medical society	Private group clinic	Dental society ²
	Income					
1948-----	\$76.0	NA	NA	NA	NA	NA
1949-----	99.2	NA	NA	NA	NA	NA
1950-----	112.5	NA	NA	NA	NA	NA
1951-----	177.8	NA	NA	NA	NA	NA
1952-----	179.5	\$38.3	\$113.6	\$16.8	\$10.8	-----
1953-----	230.3	76.2	126.3	10.0	17.8	-----
1954-----	227.8	74.9	127.8	6.7	18.4	-----
1955-----	224.8	79.5	119.8	6.4	19.1	-----
1956-----	284.8	87.7	152.9	12.2	32.0	-----
1957-----	301.1	(³)	(³)	(³)	(³)	-----
1958-----	310.9	98.9	162.0	9.1	40.8	-----
1959-----	336.7	107.3	168.4	9.5	51.6	-----
1960-----	324.9	129.3	181.9	2.5	11.2	-----
1961-----	433.9	147.6	252.9	18.9	11.1	\$3.4
1962-----	474.5	164.0	278.3	19.2	10.6	2.4
1963-----	509.7	180.0	290.0	20.3	13.0	6.4
1964-----	546.5	196.0	327.3	.7	11.5	10.9
	Benefit expenditures					
1948-----	\$70.0	NA	NA	NA	NA	NA
1949-----	89.0	NA	NA	NA	NA	NA
1950-----	101.3	NA	NA	NA	NA	NA
1951-----	160.1	NA	NA	NA	NA	NA
1952-----	163.7	\$29.1	\$107.6	\$17.6	\$9.4	-----
1953-----	208.0	14.6	117.9	9.0	16.5	-----
1954-----	206.2	63.1	119.3	5.9	17.9	-----
1955-----	204.6	66.5	114.3	5.6	18.2	-----
1956-----	244.9	74.5	129.5	8.5	32.4	-----
1957-----	266.5	(³)	(³)	(³)	(³)	-----
1958-----	294.5	96.3	151.3	8.3	38.6	-----
1959-----	318.0	95.8	163.1	9.0	50.2	-----
1960-----	313.4	122.2	179.8	2.2	9.2	-----
1961-----	396.9	134.0	234.9	15.5	9.9	\$2.6
1962-----	430.4	151.2	250.6	17.6	8.7	2.3
1963-----	459.5	163.0	261.0	18.6	11.0	5.9
1964-----	494.7	177.5	296.4	.5	10.2	10.1

¹ Includes student health service for years 1948–51.² Data not collected until 1961.³ Data not available.

Source: Data for 1964 are from Louis S. Reed, "Private Health Insurance in the United States . . ." op. cit. Data for other years are from the articles since 1953 in the *Social Security Bulletin* (generally the December issue) dealing with private insurance expenditures for medical care and voluntary health insurance.

would have been a slightly larger growth in enrollment between 1961 and 1964 if one large plan—the United Mine Workers program—had not been reclassified in the 1964 survey. This program uses group practice units for the provision of care to about 25 or 30 percent of its beneficiaries. The entire plan was classified as a group practice plan in 1961 but not in 1964. Nevertheless, even when allowance is made for this change in classification it is apparent that the plans which provide service through group practice have not grown substantially.

TABLE 39.—Group practice—plans providing specified benefits and enrollment covered, 1953-64

Year ¹	Any benefit	Type of benefit				
		Hospital care	Surgical-obstetrical care	In-hospital medical care	Diagnostic services	Dental care
1953----- 1956----- 1959----- 1961----- 1964----- 1953----- 1956----- 1959----- 1961----- 1964-----	Plans					
	140	113	123	126	123	31
	NA	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA	NA
	143	NA	NA	NA	NA	NA
	196	138	157	119	163	37
	Enrollment (thousands)					
	2,984	1,802	2,410	2,507	2,853	452
	3,430	2,428	3,177	3,399	3,396	248
	3,929	2,526	3,280	3,400	3,695	318
3,842	2,586	3,484	3,643	NA	398	
4,048	2,695	3,504	3,175	3,763	438	

¹ Separate data on group practice plans were not developed until the 1954 survey.
Source: For citation of reports and articles, see footnote 2, chapter 1.

APPENDIX A
QUESTIONNAIRE AND SURVEY LETTER

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
WASHINGTON, D. C.

Division of Research
and Statistics

Gentlemen:

We are making a survey of all so-called "independent" health insurance plans - all organizations directly providing health services or health benefits on a prepayment or insurance basis which are not Blue Cross or Blue Shield plans or insurance companies. Such surveys have been made every three or four years for the past 20 years, with information being obtained in the intervening years from 30 or so of the larger plans. These surveys are the sole source of national data on the enrollment (persons covered) and finances of health insurance organizations other than Blue Cross-Blue Shield plans and insurance companies. Such data, along with analogous data collected and made available by the insurance industry and Blue Cross and Blue Shield, provide much needed and widely used information on the number of and proportion of the population having health insurance protection and on the public's expenditures for, and benefit expenditures under, such insurance. The enclosed material indicates the use made of data collected in our surveys.

It is our understanding that your organization directly provides or pays for health care benefits on a prepayment basis and hence comes within the terms of our survey. If this is so, would you kindly fill out and return the enclosed questionnaire? If we are misinformed or your organization no longer comes within the terms of the survey, please let us know that also.

The questionnaire is similar to that used in past years and can be completed from your records with little effort. With respect to the financial data requested, audited figures are not necessary. We would much rather have approximate, preliminary data for 1963 than wait until final audited data become available.

The data you supply will be held in confidence and used for statistical purposes only.

It would be helpful to us in having a full understanding of the nature, organization, coverage and finances of your plan if you would send along with the completed questionnaire a copy of your most recent annual report and of pamphlets describing the benefits, charges, contributions, organization, etc., of your plan.

A franked envelop and an extra franked label requiring no postage are enclosed for your use.

Your assistance in making the survey successful will be most appreciated. Would you kindly endeavor to reply within 2 weeks?

Sincerely yours,

A handwritten signature in cursive script that reads "Louis S. Reed".

Louis S. Reed, Chief
Medical Economics Studies

Enclosures



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
WASHINGTON, D. C. 20201

1965 SURVEY OF INDEPENDENT HEALTH INSURANCE PLANS
(All organizations other than Blue Cross - Blue Shield plans and insurance companies)

NOTE: Data you supply will be held in confidence and used for statistical purposes only.

NAME OF PLAN OR ORGANIZATION

ADDRESS

SPONSORING ORGANIZATION (If not indicated above)

A. Type of plan or sponsor (Check one)

☐ 1 COMMUNITY - CONSUMER - COOPERATIVE

☐ 3 MEDICAL SOCIETY

☐ 2 EMPLOYER-EMPLOYEE-UNION

☐ 4 PRIVATE GROUP CLINIC

☐ a UNION-EMPLOYER(S) WELFARE OR PENSION FUND

☐ 5 DENTAL SOCIETY

☐ b EMPLOYER-OR EMPLOYER ASSOCIATION

6 OTHER (Specify) _____

☐ c UNION

☐ d EMPLOYEE ASSOCIATION

☐ e EMPLOYER-EMPLOYEE ASSOCIATION

B. Arrangements through which medical-dental services are mainly provided: (Check one)

☐ 1 BY FEE OR INDEMNITY PAYMENTS TO PRIVATE PRACTITIONERS OR REIMBURSEMENT OF COVERED PERSONS FOR EXPENSES INCURRED

☐ 2 BY OWN MEDICAL (DENTAL) CLINIC OR HEALTH CENTER AND SALARIED MEDICAL AND OR DENTAL STAFF

☐ 3 BY CONTRACT WITH ONE OR MORE MEDICAL (DENTAL) GROUPS

4 OTHER (Specify) _____

C. Medical care facilities and staff:

1 DOES PLAN HAVE ITS OWN:	YES	NO	2 IF ANSWER IS YES TO ANY OF C-1 PLEASE GIVE NUMBER OF SALARIED PROFESSIONAL PERSONNEL ON STAFF	FULL TIME	PART TIME
a HOSPITAL(S)					
b CLINIC OR HEALTH CENTER			a. PHYSICIANS		
c DENTAL CLINIC			b. DENTISTS		
d PHARMACY			c. PHARMACISTS		
e OPTICAL UNIT			d. OPTOMETRISTS		

3. IF PLAN CONTRACTS WITH MEDICAL OR DENTAL GROUPS FOR SERVICE, PLEASE GIVE:

a. NUMBER OF GROUPS	b. NUMBER OF PHYSICIANS IN THESE GROUPS	c. NUMBER OF DENTISTS IN THESE GROUPS

D. Number of persons eligible to receive specified health care or benefits directly provided or paid for by this plan, as of December 31, 1964 (or nearest available date). (Enter in appropriate space number of persons eligible for specified service or benefit; enter none when specified service or benefit is not provided.) (If organization contracts with Blue Cross-Blue Shield, an insurance company or other health insurance organization for certain services or benefits, do not enter persons eligible for these contracted services or benefits on relevant line.)

TYPE OF HEALTH CARE OR BENEFIT	SUBSCRIBERS, EMPLOYEES ANNUITANTS	DEPENDENTS	TOTAL PERSONS
1. Hospital care			
2. Physician service:			
(a) Surgical and/or obstetrical			
(b) In-hospital medical visits			
(c) X-ray and lab. exam. outside hospital			
(d) Visits in office, clinic, or health center			
(e) Home calls			
3. Dental care			
4. Drugs outside hospital			
5. Visiting nurse service			
6. Special duty nursing			
7. Eyeglasses			
8. Nursing home care			
9. Other health service or supply (Specify)			

E. Area served:
If appreciable number of persons served reside in a State or States other than that in which the plan's headquarters are located, please give approximate breakdown of persons served, by State. (Use separate sheet if necessary)

STATE	NO. OF PERSONS	STATE	NO. OF PERSONS

F. Income and Expenditures for Year 1964 (or latest completed fiscal year):

(If unable to give exact figures give best estimates - audited figures not necessary.)

ITEM	AMOUNT
1. Income (receipts)	
(a) Subscriber dues, employer(ee) contributions, etc.	
(b) Income from fees or charges for health services	
(c) Investment and other income	
(d) Total income (a + b + c)	
2. Expenditures for health care benefits directly provided or paid for by plan. (Do not enter here (a)-(j) any premiums paid to Blue Cross-Blue Shield, an insurance company or other health insurance organization for health benefits.) (Plans providing service through own hospital or clinic, see alternate F. 2, below.)	
(a) Hospital care	
(b) Physician service	
(c) Dental care	
(d) Drugs outside hospital	
(e) Visiting nurse service	
(f) Special duty nursing service	
(g) Eyeglasses (and eye examinations not included under (b))	
(h) Nursing home care	
(i) Other health services or supplies (Specify)	
(j) Total (a through i)	
3. Other benefit expenditures	
(a) Premiums paid to Blue Cross-Blue Shield, insurance company or other carrier for health benefit coverage.	
(b) Cash benefits (disability, death, survivor, retirement, etc.), including any premium paid for same	
4. Administrative expense	
5. Total expenditures (2(j) + 3 + 4)	
6. Surplus or deficit for year (total income minus total expenditures (1(d) - 5)	

Alternate F. 2. Plans providing service directly through own hospital, clinic or health center, may prefer to give the following alternative breakdown of health benefit expenditures:

(a) Hospital care, exclusive physicians and dentists	
(b) Total salaries paid to physicians	
(c) Total salaries paid to dentists	
(d) All other clinic salaries and wages	
(e) All other expenses of clinic	
(f) Total expense for hospital care and operating clinic or health center	

G. Information on arrangements for drugs and eyeglasses:

If your plan includes drugs and/or eyeglasses in its prepayment program, or makes these available to covered persons, please briefly describe arrangements below:

DRUGS

EYEGLASSES

H. If your plan is of the A-2 type, i.e., an employer-employee-union plan, are retired employees eligible for health benefits? ☐ Yes ☐ No

I. Further information on program in general:
To correctly interpret the data you have provided, it is essential that we have a clear idea of the nature of your plan, how it is organized and financed, what benefits are provided and how. To that end please give any further description of your plan that you think is necessary.

ALSO PLEASE ENCLOSE COPY OF LATEST AVAILABLE ANNUAL REPORT, FINANCIAL STATEMENT, PAMPHLETS DESCRIBING BENEFITS, PERSONS ELIGIBLE, SUBSCRIBER CHARGES, EMPLOYER(E) CONTRIBUTIONS, FACILITIES, ETC.

NAME AND TITLE OF PERSON PREPARING THIS REPORT	
NAME	TITLE

PLEASE
RETURN
TO:

Chief, Medical Economics Studies Section
Division of Research and Statistics
Social Security Administration
Department of Health, Education, and Welfare
Washington, D.C. 20201

(Use franked envelope or label; neither requires postage.)

THANK YOU VERY MUCH FOR YOUR COOPERATION.

APPENDIX B

PLANS IN PUERTO RICO

As part of the survey, questionnaires were sent to all known independent health insurance plans in Puerto Rico, and this appendix presents salient data for these plans. The plans located in Puerto Rico were not included in the main body of this report in order to achieve comparability to data on the Blue plans and the insurance companies presented by the Social Security Administration.

There were 17 plans located in Puerto Rico that responded to the survey and were active in 1964. These plans were all of the employer-employee-union type and had an enrollment of 77,000 (table B-1). Of the 17 plans, 12 with 97 percent of the enrollment were operated by welfare funds. There were 4 employer or employer association plans covering almost 2,000 enrollees and 1 employer-employee association plan covering slightly more than 100.

Of the 17 plans, eleven had an enrollment of less than 1,000 persons, 5 plans had between 2,000 and 10,000 enrollees and one plan had an enrollment of 48,000.

Table B-2 shows the number of plans providing specified benefits and the number of persons covered for these benefits. Of the 17 plans, 13 provided hospital care and 99 percent of all enrollees were covered for this benefit. Physicians services, except for home calls, were covered by most of the plans with 85 to 99 percent of all enrollees covered for these services. Only two percent of the enrollees were covered for physicians home calls.

Eleven plans, with 77 percent of the total enrollment covered drugs outside of the hospital.

Dental care was provided by 6 plans covering 13 percent of the total enrollment and eyeglasses by 5 plans with 16 percent of the enrollment.

Six of the plans with an enrollment of 63,500 provided service through group practice.

TABLE B-1.—Puerto Rico—plans and enrollment by type of plan

Type of plan	Plans		Enrollment	
	Number	Percent distribution	Number	Percent distribution
All plans.....	17	100.0	76,778	100.0
Community.....				
Employer-employee-union.....	17	100.0	76,778	100.0
Union-employer welfare fund.....	12	70.6	74,846	97.5
Employer or employer association.....	4	23.5	1,824	2.4
Union.....				
Employee association.....				
Employer-employee association.....	1	5.9	108	.1
Medical society.....				
Private group clinic.....				
Dental society.....				

TABLE B-2.—Puerto Rico—plans providing specified benefits and enrollment covered

Type of benefit	Plans		Enrollment	
	Number	Percent	Number	Percent
Any benefit ¹	17	100.0	76,778	100.0
Hospital care.....	13	76.5	75,619	98.5
Physician service:				
Surgical-obstetrical services.....	16	94.1	76,338	99.4
In-hospital medical visits.....	13	76.5	65,622	85.5
X-ray and laboratory, outside hospital.....	12	70.6	64,890	84.5
Office, clinic, health center visits.....	13	76.5	69,646	90.7
Home calls.....	4	23.5	1,300	1.7
Dental care.....	6	35.3	9,919	12.9
Drugs outside hospital.....	11	64.7	58,878	76.7
Visiting nurse service.....				
Special duty nursing.....				
Eyeglasses.....	5	29.4	11,868	15.5
Nursing-home care.....				
Other benefit:				
Ambulance ²	2	11.8	590	.8

¹ Data do not add to totals since most plans provide more than one benefit.

² Represents a minimum statement since some other plans probably provided these benefits but did not so specify.

APPENDIX C

ENROLLMENT AND INCOME OF NINE LARGE COMMUNITY PLANS, 1950-64

Kaiser Foundation health plans

Year (Dec. 31)	Total	Northern California	Southern California	Oregon	Hawaii ¹
Enrollment (in thousands)					
1950	154	120	20	14	-----
1951	244	160	67	17	-----
1952	283	188	76	19	-----
1953	402	240	140	22	-----
1954	478	278	178	22	-----
1955	524	302	199	23	-----
1956	556	315	218	23	-----
1957	575	317	234	24	-----
1958	618	337	245	30	6
1959	690	358	273	37	22
1960	808	399	321	49	39
1961	881	421	365	55	40
1962	941	445	393	59	44
1963	1,035	480	442	65	48
1964	1,156	544	488	72	52
Income ² (in thousands)					
1950	\$4,100	\$3,351	³ \$320	\$430	-----
1951	6,028	4,404	1,076	547	-----
1952	7,720	5,797	1,233	690	-----
1953	10,488	7,162	2,468	858	-----
1954	20,508	10,124	9,436	948	-----
1955	24,011	11,514	11,477	1,021	-----
1956	27,430	12,883	13,447	1,101	-----
1957	29,095	14,293	13,587	1,215	-----
1958	35,796	18,564	15,732	1,462	\$39
1959	42,846	22,064	17,984	1,888	909
1960	52,391	26,336	21,475	2,686	1,894
1961	61,333	30,181	25,253	3,382	2,517
1962	70,411	33,731	29,490	4,101	3,089
1963	80,018	37,415	34,481	4,688	3,434
1964	91,296	42,238	39,652	5,414	3,993

¹ Commenced operation 11/15/58.

² Represents gross health plan dues plus supplemental charges to members plus miscellaneous revenue recorded by the plan as an entity.

³ Estimated.

Year (Dec. 31)	Group Health Insurance, Inc. N.Y. City	Health Insurance Plan of Greater N.Y., N.Y. City	Group Health Cooperative of Puget Sound Seattle, Wash.	Community Health Association Detroit, Mich.	Group Health Association Washington, D.C.
Enrollment (in thousands)					
1950-----	82	255	21	-----	20
1951-----	110	287	24	-----	19
1952-----	185	375	27	-----	19
1953-----	216	392	36	-----	20
1954-----	221	415	37	-----	20
1955-----	296	471	38	-----	21
1956-----	354	497	42	-----	22
1957-----	442	528	45	-----	22
1958-----	474	548	49	-----	23
1959-----	587	560	54	-----	34
1960-----	671	590	61	(1)	46
1961-----	734	632	63	9	² 49
1962-----	744	662	65	40	² 49
1963-----	758	680	69	59	² 51
1964-----	809	694	76	69	² 54
Total income (in thousands)					
1950-----	³ \$701	\$7,357	\$1,363	-----	\$825
1951-----	936	8,439	1,698	-----	642
1952-----	1,419	10,218	1,729	-----	947
1953-----	1,951	12,386	1,820	-----	982
1954-----	2,299	14,941	1,976	-----	1,008
1955-----	2,957	16,011	2,130	-----	1,306
1956-----	5,207	18,009	2,346	-----	1,434
1957-----	7,186	18,820	2,536	-----	1,134
1958-----	9,681	19,626	2,884	-----	1,238
1959-----	13,360	20,177	3,336	-----	1,532
1960-----	17,565	21,181	4,000	-----	2,414
1961-----	22,625	22,882	4,846	\$328	⁴ 3,511
1962-----	25,927	28,319	5,180	2,580	⁴ 4,033
1963-----	27,464	30,288	5,550	4,325	⁴ 4,719
1964-----	29,296	31,240	6,505	5,258	⁴ 5,674

¹ Less than 500.

² As of September 30th.

³ Earned premiums only for all years.

⁴ Year ending September 30th.

APPENDIX D

DIRECTORY OF INDEPENDENT HEALTH INSURANCE PLANS, 1965

Code:

- (1) Community
- (2) Employer-employee-union
- (3) Medical society
- (4) Private group clinic
- (5) Dental society

* Provides care through group practice arrangements.

ALABAMA

American Cast Iron Pipe Co. (2)
Mutual Benefit Association
P. O. Box 2603
Birmingham, Alabama 35202

AFL-A.G.C. (Associated General Contractors) (2)
Building Trades Welfare Fund
106 North Jackson Street
Mobile, Alabama

Liberty National Life Insurance Co. (2)
Security Plan
301 South 20th Street
Birmingham, Alabama

Lloyd Noland Foundation, Inc. (2)*
Medical and Surgical Plans
P. O. Box 538
Fairfield, Alabama

Longview Lime Corporation (2)
Woodward, Alabama

Siluria Mills, Inc. (2)*
Buck Creek Welfare Association
Siluria, Alabama

Standard-Coosa-Thatcher Co. (2)
COOSA Employees Hospital Assn.
Piedmont, Alabama

Stockham Valves and Fittings, Inc. (2)*
P. O. Box 2592
Birmingham, Alabama

U.S. Pipe & Foundry Co. Employee's
Doctor & Hospital Fund (2)
3300 First Ave., North
Birmingham 2, Alabama

ALASKA

U.S. Smelting Refining and Mining
Co. (2)
P. O. Box 1170
Fairbanks, Alaska 99701

ARIZONA

Inspiration Consolidated Cooper Co. (2)*
Inspiration Employees Benefit Fund
Inspiration, Arizona

Paul Lime Plant, Inc. (2)
Employees Insurance Fund
Post Office Drawer T
Douglas, Arizona 85607

Phelps Dodge Corporation (2)*
Hospital-Medical-Surgical Plan
Drawer 872
Douglas, Arizona

The O. S. Stapley Co. (2)
Employees' Group Hospital & Surgical
Plan
P. O. Box 960
723 Grand Avenue
Phoenix, Arizona

Whitting Brothers (2)
H & A Fund
Box 850
Holbrook, Arizona

ARKANSAS

Arkansas-Best Freight System Inc. (2)
301 South 11th Street
Fort Smith, Arkansas

Dierks Forests, Inc. (2)*
Dierks Employees Medical and Hospital
Assn.
810 Whittington Avenue
Hot Springs, Arkansas

St. Louis Southwestern Railway
Lines (2)*
Hospital Trust
1404 Dudley Avenue
Texarkana, Arkansas

Weldon, Williams & Lick Group Hos-
pitalization Plan (2)
711 North A Street
Fort Smith, Arkansas

CALIFORNIA

- American Metal Products Co. (2)*
AMPCO Dental Plan
6100 Bandini Boulevard
Los Angeles, California 90022
- California Dental Service (5)
88 First Street
San Francisco, California
- California Health Association (1)*
5543 Sunnyslope Avenue
Van Nuys, California
- California Portland Cement Co. (2)*
Colton Cement Hospital Assn.
P. O. Box 111
Colton, California
- Chauffeurs' Union Local 923 (2)
Security Fund
3868 Piedmont Avenue
Oakland, California 94611
- Coast Sugar Employees Hospital Association (2)
220 W. 20th Avenue
San Mateo, California
- Columbia Employees' Health Plan, Inc. (2)
921 Van Ness Avenue
Torrance, California
- Community Health Association of Northern California, Inc. (2)*
Teamsters Local 980
2959 Bennett Valley Road
Santa Rosa, California
- Culinary Workers and Bartenders Health Plan—Long Beach and Orange County (2)*
246 East Fourth Street
Long Beach, California 90812
- Culinary Workers Welfare Fund—Santa Monica (2)*
117 West Ninth Street
Los Angeles, California 90015
- Family Health Program, Inc. (1)*
2925 North Palo Verde Avenue
Long Beach, California
- Franklin Hospital Foundation (4)*
14th and Noe
San Francisco, California
- Garment Workers'; Ladies', Bay Area ILGWU Welfare Fund (2)
660 Howard Street
San Francisco, California
- Garment Workers'; Ladies', Los Angeles ILGWU-Employers (2)*
Vacation and Health Fund
1130 South Maple Avenue
Los Angeles, California
- Garment Workers'; Ladies', Vacation, Health, Death and Welfare Fund (2)*
400 West 9th Street
Los Angeles, California
- Kaiser Foundation Health Plan (Southern California Region) (1)*
4900 Sunset Blvd.
Los Angeles, California
- Kaiser Foundation Health Plan (Northern California Region) (1)*
1924 Broadway
Oakland, California
- Kimber Farms, Inc. (2)
Health Plan
P. O. Box 2008
Fremont, California 94536
- Los Angeles Firemen's Relief Association (2)
Medical Plan
644 Figueroa Street
Los Angeles, California 90017
- Legallet Tanning Co. & Lagallet Wool Co., Inc. (2)*
Employees Benefit Plan
1099 Quesada Avenue
San Francisco, California
- La Societe Francaise De Bienfaisance Mutuelle (1)*
4131 Geary Boulevard
San Francisco, California
- Los Angeles Hotel-Restaurant Employer-Union Welfare Fund (2)*
130 South Alvarado Street
Los Angeles, California 90057
- Naismith Dental Group (4)*
3772 Howe Street
Oakland, California
- Painters Welfare Fund—Bay Area (2)
3068—16th Street
San Francisco, California
- Palo Alto Medical Clinic (4)*
300 Homer Avenue
Palo Alto, California 94301
- Physicians and Surgeons Assn. (1)*
7715 Sunset Boulevard
Los Angeles, California 90046
- Ross-Loos Medical Group (4)*
947 West Eighth Street
Los Angeles, California 90017
- Retail Clerks Unions and Food Employers Benefit Fund (2)
4634 West Imperial Highway
Inglewood, California 90304
- Retail Clerks Union, Local 770 and Food Employers Benefit Fund (2)
1515 North Vermont Avenue
Los Angeles, California 90027
- Retail Clerks Union, Local 899 and Food Employers Benefit Fund (2)
7190 Hollister Avenue
Goleta, California
- Rossmoor Leisure World (1)*
13820 Bay Boulevard
Seal Beach, California

CALIFORNIA—Continued

Santa Fe Coast Lines Hospital Association (2)*

610 South St. Louis Street
Los Angeles, California

Sailors Union of the Pacific (2)
Officials' Hospital & Medical Plan
450 Harrison Street
San Francisco, California 94105

San Diego Health Association (1)*
328 Maple Street
San Diego, California 92103

Drs. Schoen, Sakai, Simms, Eisman, and
Simon (4)*
25617 Dodge Avenue
Harbor City, California

Sheet Metal Workers' Welfare Plan of
Northern California (2)
55 Hegenberger Place
Oakland, California

Sherwood-Trimble Medical Group (2)*
10001 Venice Boulevard
Los Angeles, California

Southern California Rapid Transit District (2)
1060 South Broadway
Los Angeles, California 90015

Southern Pacific Employees Hospital
Association (2)*
1400 Fell Street
San Francisco, California 94117

Transportation Hospital Assn. (1)*
610 South Main Street
Los Angeles, California 90014

Union Oil Co. of California Employees
Medical Plan (2)
Union Oil Center
Box 7600
Los Angeles, California 90054

U.S. Holding Co. Employee Benefit
Plan (2)
190 Broadway
San Diego, California 92101

U.S. National Bank Employee Benefit
Plan (2)
190 Broadway
San Diego, California 92101

Western Pacific Railroad Medical Department (2)
526 Mission Street
San Francisco, California

Westgate-California Corporation Employee
Benefit Plan (2)
U.S. National Bank Bldg.
190 Broadway
San Diego, California 92101

COLORADO

Colorado Dental Service, Inc. (5)
903 Republic Building
Denver, Colorado

Colorado Education Association Hospitalization Plan (2)

Box 22275
Denver, Colorado 80222

The Colorado and Southern Railway
Employees' Hospital Association (2)*
239 Union Station
Denver, Colorado 80202

Denver & Rio Grande Western Hospital
Association (2)
316 Denham Building
Denver, Colorado 80202

Gates Mutual Benefit Club (2)*
1000 South Broadway
Denver, Colorado 80217

Group Health Association of Denver,
Inc. (1)
2333 South Columbine Street
Denver, Colorado 80210

Hospital Service, Inc. (1)
P. O. Box 548
Fort Collins, Colorado 80522

Public Service Company of Colorado (2)*
Employees Mutual Aid Association
550—15th Street
Denver, Colorado 80202

CONNECTICUT

Arnold Bakers, Inc. (2)
Dental Plan
Hamilton Avenue
Greenwich, Connecticut

Bridgeport Machines, Inc. (2)
Employees' Welfare Fund
500 Lindley Street
Bridgeport, Connecticut

Brunswick/Worsted Mills and Carvill
Combing Company Benefit Fund (2)
P. O. Box 548
Moosup, Connecticut 06354

Connecticut Dental Service, Inc. (5)
P. O. Box 1904
New Haven, Connecticut

Connecticut Mutual Life Insurance
Co. (2)
Major Medical Expense Plan
140 Garden Street
Hartford, Connecticut 06115

The Kaman Aircraft Corporation (2)
Medical Expense Plan for Treasury
Employees
Old Windsor Road
Bloomfield, Connecticut

Retail, Wholesale and Department Store
Union, Local 282 (2)
Welfare Fund
865 Chapel Street
New Haven, Connecticut

Teamsters, Local 191 (2)*
Welfare Fund
1330 Fairfield Avenue
Bridgeport, Connecticut

CONNECTICUT—Continued

Teamsters, Local 559 (2)
Health & Welfare Fund
703 Main Street
Hartford, Connecticut

DISTRICT OF COLUMBIA

Asbestos Workers, Local 24 Welfare
Fund (2)
1003 K Street, N.W.
Washington, D.C. 20001

Carpenters Health and Welfare Fund
Washington Area (2)
821—15th Street, N.W.
Washington, D.C.

Dr. Jack Diener & Associates (4)*
4702 Georgia Avenue, N.W.
Washington, D.C.

Electrical Workers (IBEW) Welfare
Trust Fund (2)
1003 K Street, N.W.
Washington, D.C. 20010

Group Health Association (1)*
2121 Pennsylvania Ave., N.W.
Washington, D.C. 20037

Iron Shopmen's Local 486 (2)
822 Gallatin Street, N.W.
Washington, D.C. 20011

Laborers' District Council Trust
Fund (2)
821—15th Street, N.W.
Washington, D.C.

Letter Carriers; National Association
of (2)
Hospitalization Plan
100 Indiana Avenue, N.W.
Washington, D.C. 20001

Mine Workers of America; United (2)
Welfare and Retirement Fund
907—15th Street, N.W.
Washington, D.C. 20005

Rodman Local Union 201 (2)
Welfare Fund
1003 K Street, N.W.
Washington, D.C. 20001

FLORIDA

Burdine's Employees Health Associa-
tion (2)
22 E. Flagler Street
Miami, Florida

Centro Espanol De Tampa (4)*
1536 East Broadway
Tampa, Florida 33605

Circulo Cubano De Tampa (1)*
Fourteenth Street and Tenth Ave.
Tampa, Florida 33605

Garment Workers'; Ladies'
(ILGWU) (2)*
Florida Div.—SE Region
Health and Welfare Fund
2841 N.W. 2nd Avenue
Miami, Florida

Hotel Employees Medical Plan (2)*

211 23rd Street
Miami Beach, Florida

Tampa Electric Employees Benefit As-
sociation, Inc. (2)
111 North Dale Mabry
Tampa, Florida

L'Unione Italiana (1)
1725½-1731 East Broadway
Tampa, Florida

GEORGIA

Albany Hardware Company (2)
Employee Benefit Association
419 Hodges Avenue
Albany, Georgia

The First National Bank Club (2)
Hospitalization Plan
P. O. Box 4148
Atlanta, Georgia

Garment Workers'; Ladies'
(ILGWU) (2)
Health and Welfare Fund
1065 Gordon Street, S.W.
Atlanta, Georgia 30310

Griffin Hospital Care Assn., Inc. (1)
P. O. Box 363
Griffin, Georgia

Hatters, Cap and Millinery Workers,
Local 95 (2)
Health and Welfare Fund
187½ Trinity Ave., S.W.
Atlanta, Georgia

Lindale Hospital Service Association,
Inc. (2)
Lindale, Georgia

Moultrie Cotton Mills (2)
Medical & Hospitalization Plan
P. O. Box 70
Moultrie, Georgia 31768

Riverside Manufacturing Co. (2)
Medical and Hospitalization Plan
P. O. Box 469
Moultrie, Georgia 31768

The Spalding Knitting Mills (2)
Employees Welfare Assn.
P. O. Box 54
Griffin, Georgia 30223

HAWAII

Consolidated Amusement Co., Ltd. (2)*
Medical Plan
1120 Bethel Street
Honolulu, Hawaii

East Maui Irrigation Co. (2)*
Medical Plan
P. O. Box 196
Paia, Maui, Hawaii

Ewa Plantation Company (2)*
Medical Plan for Salaried and Super-
visory Employees
c/o Castle & Cooke, Inc.
P. O. Box 2990
Honolulu, Hawaii

HAWAII—Continued

Grove Farm Company, Inc. (2)*
Medical Plan
Puhi Rural Station
Lihue, Hawaii 96766

Hamakua Mill Co. (2)*
Medical Plan
P. O. Box 158
Paauilo, Hawaii 96776

Hawaiian Agricultural Co. (2)*
Pahala, Kau, Hawaii

Hawaiian Commercial & Sugar Co. (2)*
Medical Plan
Puunene, Maui, Hawaii

Hawaii Dental Service (5)
1149 Bethel Street
Honolulu, Hawaii 96813

Hilo Sugar Company, Ltd. (2)*
528 Wainaku Street
Hilo, Hawaii

Hutchinson Sugar Co., Ltd. (2)*
Naalehu, Hawaii

Kaiser Foundation Health Plan (Hawaii
Region) (1)*
1697 Ala Moana Blvd.
Honolulu, Hawaii

Kekaha Sugar Company, Ltd. (2)*
Medical Plan
Kekaha, Kauai, Hawaii 96752

Kahuku Plantation Co. (2)*
Medical Plan
Kahuku, Oahu, Hawaii 96731

Kilauea Sugar Co., Ltd. (2)*
Kilauea, Kauai, Hawaii

The Lihue Plantation Co., Ltd. (2)*
Medical Plan
Lihue, Kauai, Hawaii

McBryde Sugar Co., Ltd. (2)*
Medical Plan
Eleele, Kauai, Hawaii 96705

Oahu Sugar Co., Ltd. (2)*
Medical Plan
P. O. Box 0
Waipahu, Oahu, Hawaii

Olokele Sugar Co., Ltd. (2)*
Kaumakani, Kauai, Hawaii

Onomea Sugar Company (2)*
Papaikou, Hawaii

Paaupau Sugar Company, Ltd. (2)*
Paaupau, Hawaii

Pepeekeo Sugar Company (2)*
Pepeekeo, Hawaii

Pioneer Mill Co., Ltd. (2)*
Medical Plan
P. O. Box 27
Honolulu, Hawaii

Puna Sugar Company, Ltd. (2)*
Medical Plan
Keaau, Hawaii

Wailuku Sugar Company (2)*
Wailuku, Maui, Hawaii

Waimea Sugar Mill Co., Ltd. (2)*
Medical Plan
Waimea, Kauai
P. O. Box 3230
Honolulu, Hawaii

IDAHO

Bunting Tractor Co., Inc. (2)
Welfare Fund
P. O. Box 1978
Boise, Idaho

Dairymen's Cooperative Creamery of
Boise Valley (2)
Medical Expense Plan
P. O. Box 171
Caldwell, Idaho 83605

McVeys, Inc. (2)
Hospitalization Fund
161—3rd Avenue West
Twin Falls, Idaho

Sunshine Mining Company (2)
P. O. Box 1080
Kellogg, Idaho

Twin Falls Canal Company (2)
Health Fund Trust
163—2nd Avenue West
Twin Falls, Idaho 83301

ILLINOIS

Associated Beer Distributors of
Illinois (2)
Insurance Fund
P. O. Box 396
Springfield, Illinois

Barber-Colman Assn. (2)
Mutual Benefit Dept.
1300 Rock Street
Rockford, Illinois

Blackstone Manufacturing Co., Inc. (2)
Hospitalization Plan
4630 W. Harrison Street
Chicago, Illinois 60644

Oscar F. Carlson Co. (2)
2600 Irving Park Rd.
Chicago, Illinois 60618

Chicago Truck Drivers, Chauffeurs &
Helpers Union of Chicago and Vicin-
ity (Ind.) (2)
Health & Welfare Fund
809 West Madison Street
Chicago, Illinois 60607

Civic Medical Center (4)*
20 East Jackson Blvd.
Chicago, Illinois

DeKalb Agricultural Assn. Inc. (2)
Employees' Mutual Welfare Assn.
310 No. Fifth Street
DeKalb, Illinois

Garment Workers'; Ladies' (2)*
ILGWU Chicago Health Center
15 South Wacker Drive
Chicago, Illinois

ILLINOIS—Continued

Garment Workers'; Ladies'
(ILGWU) (2)
Coat & Suit Union Health Fund
15 South Wacker Drive
Chicago, Illinois

Garment Workers'; Ladies'
(ILGWU) (2)
Joint Board Dress Workers' Health
Fund
15 South Wacker Drive
Chicago, Illinois

Garment Workers'; Ladies' (2)
Midwestern ILGWU Health Fund
15 South Wacker Drive
Chicago, Illinois

Garment Workers'; Ladies'
(ILGWU) (2)
Out of Town Cloak Health Fund
15 South Wacker Drive
Chicago, Illinois

Hatters, Cap and Millinery Workers (2)
Local 52 Health Fund
431 S. Dearborn Street
Chicago, Illinois

Herrin Apparel Company, Inc. (2)
Employee Welfare Benefit Plan
2300 Wabansia Avenue
Chicago, Illinois 60647

Illinois Central Railroad Assn. (2)*
Hospital Department
5800 Stony Island Avenue
Chicago 37, Illinois

Keystone Printing Service, Inc. (2)
Hospital Benefit Plan
116—120 Madison Street
Waukegan, Illinois 60086

Lincoln Garment Company (2)
Employee Welfare Benefit Plan
2300 Wabansia Avenue
Chicago, Illinois 60647

Midwest Molding & Mfg. Co. (2)
Welfare Plan
P. O. Box 156
Gurnee, Illinois 60031

Milk Drivers' Union Local 753—Milk
Dealers (2)
Health and Welfare Fund
220 South Ashland Avenue
Chicago, Illinois

Oil Chemical & Atomic Workers (2)
Local 348 Welfare Fund
2227 South Central Park Ave.
Chicago, Illinois 60623

Perfect Plus Hosiery, Inc. (2)
Group Allowance Plan
2708 W. Harrison Street
Chicago 12, Illinois

Pfister Hybrid Corn Co. (2)
Employee Benefit Plan
El Paso, Illinois

Plumbers' Local 130 (2)
Welfare Fund
1340 W. Washington Blvd.
Chicago 7, Illinois

Rock Island Employees Hospital Associ-
ation (2)
139 West Van Buren Street
Chicago 5, Illinois

Sangamo Electric Co. (2)
Employees Hospital & Medical Benefit
Association
11th Street & Converse Avenue
Springfield, Illinois

Sangamo Electric Co. (2)
Retired Employees Hospital-Life In-
surance Plan
11th Street & Converse Avenue
Springfield, Illinois

Sidney Hillman Health Center (2)*
Clothing Workers, Chicago Joint Board
333 South Ashland Avenue
Chicago, Illinois 60607

Smoler Brothers, Inc. (2)
Employee Welfare Benefit Plan
2300 Wabansia Avenue
Chicago, Illinois 60647

Teamsters Local 705 (2)
Health & Welfare Fund
220 South Ashland Boulevard
Chicago, Illinois

Toy Workers (IDTW) (2)
Chicago Joint Board
Health & Welfare Trust Fund
1950 West Erie Street
Chicago, Illinois 60622

Skil Corporation (2)
5033 Elston Avenue
Chicago, Illinois

A. E. Staley Mfg. Co. (2)
Employees Benefit Assn.
Eldorado & 22nd Street
Decatur, Illinois

Steak n Shake, Inc. (2)
Group Insurance Plan
1700 W. Washington Street
Bloomington, Illinois

Swift & Company (2)
Employees Benefit Assn.
175 W. Jackson Boulevard
Chicago, Illinois

Union Health Service, Inc. (2)*
111 North Wabash Avenue
Chicago, Illinois 60602

Wabash Employees' Hospital Assn. (2)*
360 E. Grand Avenue
Decatur, Illinois

Wabansia Garment Company (2)
Employee Welfare Benefit Plan
2300 Wabansia Avenue
Chicago, Illinois 60647

W. F. Apparel Inc. (2)
Employee Welfare Benefit Plan
2300 Wabansia Avenue
Chicago, Illinois 60647

INDIANA

Gary National Bank Employees Benefit Association (2)
504 Broadway
Gary, Indiana

Gary Sheet & Tin Mill (2)
Employees Beneficial Assn.
1724 Broadway
Gary, Indiana

Kieffer Paper Mills' (2)
Disability & Hospital Plan "B"
Ewing Post Office
Brownstown, Indiana

Pipe Trades Industry (2)
Health and Welfare Fund
620 N 13th Street
Terre Haute, Indiana

Hulman & Company (2)
Health & Welfare Plan
900 Wabash Avenue
Terre Haute, Indiana

IOWA

Central Life Assurance Co. (2)
Benefit Plan for Home Office Employees
611—5th Avenue
Des Moines, Iowa 50306

Dubuque Packing Company (2)
16th & Sycamore Streets
Dubuque, Iowa

Equitable Life Insurance Co. of Iowa (2)
604 Locust Street
Des Moines, Iowa 50306

National Bank Employees Mutual Benefit Association (2)
110 E. Park Avenue
Waterloo, Iowa

Waterloo Daily Courier (2)
Employees Mutual Benefit Assn.
501 Commercial Street
Waterloo, Iowa

KANSAS

Atchison, Topeka and Sante Fe (2)*
Hospital Association
417 E. 6th Street
Topeka, Kansas

Tri-State Hotel Company (2)
400 West Douglas
Wichita, Kansas

KENTUCKY

Browning Manufacturing Co. (2)
Mutual Benefit Society
P. O. Box 687
Maysville, Kentucky

LOUISIANA

Cooperative Electric Distribution Division (2)
Employees Association of New Orleans
3008 Green Acres Road
Metairie, Louisiana

Cooperative Street Railway Employees Association (2)
Medical Trust Fund
302 Magazine Street
New Orleans, Louisiana 70130

Gulf & South America Steamship Company, Inc. (2)
821 Gravier Street
New Orleans, Louisiana

Lykes Brothers Steamship Co. Inc. (2)
1770 Tchoupitoulas Street
New Orleans, Louisiana 70150

Plumbers and Steamfitters Welfare Fund (2)
1913 St. Claude Avenue
New Orleans, Louisiana 70116

Public Service Colored Employees' Benevolent Association of New Orleans (2)
6544 Pauline Drive
New Orleans, Louisiana 70126

Rountree Olds Cadillac Company Inc. (2)
3215 Southern Avenue
Shreveport, Louisiana

Stanocola Employees Medical & Hospital Association (2)*
1401 North Foster Drive
Baton Rouge, Louisiana

West & Company (2)
Group Medical Benefits Plan
Box G
Minden, Louisiana

MAINE

Kesslen Shoe Co. (2)
Main Street
Kennebunk, Maine
G. H. Bass & Co. (2)
Shoemakers Benefit Assn.
Wilton, Maine

MARYLAND

Auto Workers Local 738 (4)*
Medical Health Plan
1515 Martin Boulevard
Baltimore, Maryland

The Baltimore Transit Co. (2)*
Welfare Plan
1515 Washington Boulevard
Baltimore, Maryland 21230

Construction Workers Trust Fund (2)
2219 St Paul Street
Baltimore, Maryland

Electrical Workers (2)
(IBEW) Local 28
Hospitalization Fund
1222 St. Paul Street
Baltimore, Maryland

Fabricators Steel Corporation Dental Plan (2)*
P. O. Box 197
Bladensburg, Maryland

MARYLAND—Continued

Garment Workers'; Ladies'
(ILGWU) (2)*
Upper South Department Health Fund
1 North Howard Street
Baltimore, Maryland
Postal Clerks; United Federation of (2)
1310 Apple Avenue
Silver Spring, Maryland
Postal Union; National (2)
Health Benefit Plan
3210 Rhode Island Avenue
Mt. Rainier, Maryland
Teamsters, Local 570 (2)
Warehouse Employees Trust Fund
2219 St. Paul Street
Baltimore 18, Maryland
U.S. Fidelity & Guaranty Company (2)
Employees Hospitalization Plan
P. O. Box 1138
Baltimore, Maryland 21203

MASSACHUSETTS

Adams Super Markets, Inc. (2)
Employees Benefit Plan
2 Park Street
Adams, Massachusetts
Amalgamated Cleaning & Dyeing Trust
Fund (2)
85 Essex Street
Boston, Massachusetts
American Optical Mutual Benefit As-
sociation, Inc. (2)
14 Mechanic Street
Southbridge, Massachusetts
S. Bent & Brothers, Inc. Benefit Plan (2)
60 Mill Street
Gardner, Massachusetts
Carpenters Local 910, Health & Welfare
Fund, Gloucester, Massachusetts (2)
c/o Old Colony Trust Company
1 Federal Street
Boston, Massachusetts 02106
Electrical Workers (IBEW) Local
103 (2)
Health and Welfare Fund,
626 Dorchester Avenue
Boston, Massachusetts 02127
Garment Workers'; Ladies'
(ILGWU) (2)*
Joint Board Cloak, Skirt and Derss-
makers' Union
33 Harrison Avenue
Boston, Massachusetts
Gilbert and Barker Mfg. Co. (2)
Employees Hospital and Medical As-
sociation, Inc.
Cold Spring Avenue
West Springfield, Massachusetts
Glaziers & Glass Workers (2)
Local 1044 Health and Welfare Fund

Old Colony Trust Company
1 Federal Street
Boston, Massachusetts
Gramatan Clothes, Inc. (2)
Welfare Benefit Plan
Howe Street
Fall River, Massachusetts
Grass Instrument Co. (2)
Benefit Plan
101 Old Colony Avenue
Quincy, Massachusetts
Hatters, Cap and Millinery Workers,
Local 4 Health Benefit Fund (2)
619 Washington Street
Boston, Massachusetts
Johnson's Bookstore, Inc. (2)
Benefit Bonus
1379 Main Street
Springfield, Massachusetts 01101
A. C. Lawrence Leather Co. (2)
Employees Benefit Association
Sawyer Street
Peabody, Massachusetts
Seafarers-New Bedford Fishermen's Wel-
fare Plan (2)
56 North Water Street
New Bedford, Massachusetts
Teamsters, Local 404 (2)
119 Plainfield Street
Springfield, Massachusetts
Teamsters, Local 477 (2)
Health and Welfare Fund
Lawrence, Massachusetts
c/o Old Colony Trust Company
One Federal Street
Boston, Massachusetts 02106

MICHIGAN

Associated Mutual Hospital Service of
Michigan (1)
420 Farewell Building
Detroit, Michigan 48226
Community Health Association (1)*
6533 East Jefferson Avenue
Detroit, Michigan 48207
Doehler-Jarvis Employees' Mutual
Benefit Association (2)
525 Cottage Grove Street, S.E.
Grand Rapids, Michigan
Drake Casket Company (2)
455 East Water Street
Constantine, Michigan
Grand Ledge Chair Co. (2)
Employees' Hospital and Surgical Plan
101 Perry Street
Grand Ledge, Michigan 48837
Michigan Dental Service Corp. (5)
405 Stoddard Building
Lansing, Michigan 48933
U.S. Rubber Tire Company (2)
Wage Employees Benefit Society
6600 East Jefferson Avenue
Detroit, Michigan 48232

MINNESOTA

Arrowhead Health Center, Inc. (1)*
5601 Grand Avenue
Duluth, Minnesota

Community Health Centers, Inc. (1)*
4th Street at 11th Avenue
Two Harbors, Minnesota 55616

Electrical Workers (IBEW) Locals 31
and 294 (2)
Health & Welfare Fund
203 Labor Temple
Duluth, Minnesota

Farmers Union Grain Terminal Assn (1)
GTA Hospitalization Assn.
1667 N. Snelling Avenue
St. Paul, Minnesota 55101

Green Giant Co. (2)
Benefit Association
1100 North 4th Street
Le Sueur, Minnesota

Group Health Plan, Inc. (1)*
2500 Como Avenue
St. Paul Minnesota

Hatters, Cap & Millinery Workers (2)
Local 38, Health and Welfare Fund
4608 34th Avenue South
Minneapolis, Minnesota 55406

Hotel & Restaurant Employees &
Bartenders, Local 84 (2)*
Welfare Fund 315 Providence Building
Duluth, Minnesota

Itasca Clinic (4)*
Prepayment Medical Plan
355 River Road
Grand Rapids, Minnesota 55744

Lenont-Peterson Clinic (4)*
Virginia, Minnesota

The Merchants National Bank (2)
Employees Benefit Association
P. O. Box 548
Winona, Minnesota

Mesaba Clinic (4)*
Hibbing, Minnesota

Northern Pacific Beneficial Association (2)*
612 N. P. Railway Building
St. Paul, Minnesota 55101

West Duluth Clinic (4)*
4325 Grand Avenue
Duluth, Minnesota

MISSISSIPPI

Delta & Pine Land Co. (2)*
Employees' Hospital and Surgical Co-
operative Program
Scott, Mississippi

Taborian Hospital (1)*
P. O. Box 322
Mound Bayou, Mississippi

MISSOURI

Central Missouri Trust Company Basic
Hospitalization Plan (2)
238 Madison Street
Jefferson City, Missouri

Cooperative Health Association (2)
P. O. Box 7305
Kansas City, Missouri 64116

Electrical Workers (IBEW) Local 124 (2)
Health & Welfare Fund
2 West 40th Street
Kansas City, Missouri 64111

Engineers; Operating (IUOE) Local
513 (2)
2433 S. Hanley Rd.
St. Louis 17, Missouri

Federal Employees Hospital Association,
Inc. (2)
2838 Warwick Trafficway
Kansas City, Missouri 64141

Frisco Employees' Hospital Associa-
tion (2)*
4960 Laclede Avenue
St. Louis, Missouri 63108

Garment Worker's; Ladies' (ILGWU) (2)
Central States Health and Welfare Fund
110 North Ninth Street
St. Louis, Missouri 63101

Hatters, Cap and Millinery Workers
Locals 55-56 (2)
Health Benefit Fund, Room 229
Merchants Mart, 1000 Washington
Street
St. Louis, Missouri 63101

Hatters, Cap and Milinery Workers (2)
Local 84
Health Benefit Fund
1000 Washington Avenue
St. Louis, Missouri 63101

Hirsch Broadcasting Company (2)
Health & Hospitalization Plan
324 Broadway
Cape Girardeau, Missouri

KAW Transport Co. Club (2)
701 No. Sterling Avenue
Sugar Creek, Missouri 64054

Medical Institute of Meat Cutters,
Local 88 (2)*
4488 Forest Park Boulevard
St. Louis, Missouri 63108

Missouri Pacific Employees' Hospital
Association (2)*
1755 South Grand Boulevard
St. Louis, Missouri 63104

St. Louis Labor Health Institute (2)*
1641 South Kingshighway Blvd.
St. Louis, Missouri 63110

Sheet Metal Workers' Local 36 (2)
Welfare Fund, Professional Building
Normandy Shopping Center
St. Louis, Missouri

MISSOURI—Continued

Transit Services Corporation of Metropolitan St. Louis (2)*
Employees Mutual Benefit Assn.
3869 Park Avenue
St. Louis, Missouri
Union Electric Company (2)*
315 N. Twelfth Boulevard
St. Louis, Missouri 63166

NEBRASKA

Outboard Marine Corporation (2)
Cushman Motors Division
Employees Mutual Benefit Association
900 No. 21st Street
Lincoln, Nebraska 68501
Gooch Food Products Company (2)
Employees Welfare Association
510 South Street
Lincoln, Nebraska
Telephone Employees Mutual Benefit Association (2)
1440 M Street
Lincoln, Nebraska 68501

NEVADA

Construction Teamsters (2)
Security Fund
P. O. Box 1988
Las Vegas, Nevada
Painters, Decorators and Paperhangers, Local 159 (2)
Welfare Fund
1502 South 5th Street
Las Vegas, Nevada
Pioche Mutual Benefit Association (2)
Pioche, Nevada

NEW JERSEY

American Smelting & Refining Co. (2)
Employee's Benefit Fund
P. O. Box 151
Perth Amboy, New Jersey
Bricklayers, Masons and Plasterers, Local 47 (2)
Welfare Fund
332 Springfield Avenue
Summit, New Jersey
Distillery, Rectifying, Wine & Allied Workers (2)
Social Security Fund
707 Summit Avenue
Union City, New Jersey 07087
Distillery, Rectifying Wine & Allied Workers (2)
Wine & Liquor Salesmen of New Jersey, Local 19
Welfare Fund
1060 Broad Street (R 559)
Newark, New Jersey
Garden State Hospitalization Plan (1)
214 Smith Street
Perth Amboy, New Jersey

Garment Workers'; Ladies' (2)*
(ILGWU) South Jersey-Philadelphia Joint Board Health & Welfare Fund
453 Lansdowne Avenue
Camden, New Jersey

Hod Carriers; Heavy & General Laborers, Welfare Fund of New Jersey (2)
Locals 472 and 172
700 Raymond Boulevard
Newark, New Jersey

Hod Carriers', Local 222 (2)
Welfare Fund
1108 Broadway
Camden, New Jersey

Leather Goods, Plastic-(ILGPN) (2)
Luggage Workers, Local 62
102 Astor Street
Newark, New Jersey

Painters, Decorators and Paperhangers, Local 377 (2)
Welfare Fund
130 Central Avenue
Jersey City, New Jersey

Raritan Copper Works Benefit Association (2)
P. O. Box 191
Perth Amboy, New Jersey 08862

Retail, Wholesale Union of New Jersey, Local 108 (2)
Health Fund
1028 Broad Street
Newark, New Jersey

Rice & Holman Enterprises (2)
Hospital & Doctor Bill Plan
7411 Maple Avenue
Merchantville, New Jersey

Sea-Land Service, Inc. (2)
Basic Hospital & Surgical Plan
P. O. Box 1050
Elizabeth, New Jersey

Teamsters, Local 522 (2)
Dental Fund
1103 Broad Street
Newark, New Jersey

U.S. Metals Refining Co. (2)
Major Medical Expenses Plan
400 Middlesex Avenue
Carteret, New Jersey

Wardell's Dairy Incorporated (2)
703 Old Corlies Avenue
Neptune, New Jersey 07753

NEW MEXICO

Albuquerque National Bank (2)
Hospital & Surgical Plan
P. O. Box 1344
Albuquerque, New Mexico

NEW YORK

American News Company (2)
131 Varick Street
New York, New York 10013

NEW YORK—Continued

- American Tobacco Company (2)
150 E. 42nd Street
New York, New York 10017
- Asbestos Workers, Local 12 (2)
Welfare Fund
305 E. 23rd Street
New York 10, New York
- Bakery & Confectionery Workers;
American (2)*
Local 450
41-10 29th Street
Long Island City, New York
- Bartenders; United RLD (2)*
Union Trust Fund
30 E. 29th Street
New York, N. Y. 10016
- Beaunit Corporation (2)
450 7th Avenue
New York, New York 10001
- Bookbinders, Local 25 (2)
Welfare Trust Fund
3 Park Row
New York, New York 10038
- Bricklayers Insurance and Welfare
Fund (2)
178 East 85th Street
New York, New York
- Building Service Employees (2)*
Local 32B, Health Center
920th Ninth Avenue
New York, New York 10019
- Building Service Employees (2)*
Local 32E
460 Ground Concourse
Bronx, New York
- Carpenters; Mohawk Valley Council
of (2)
Welfare Fund
714 Charlotte Street
Utica, New York
- Carpenters; Nassau County (2)
Welfare Fund
1 Commercial Avenue
Garden City, New York
- Carpenters; New York City District
Council (2)
Welfare Fund
204 East 23rd Street
New York City, New York 10010
- Clothing Workers of America; Amalga-
mated Local 324 (2)
Disability, Relief and Benefit Fund
160 Fifth Avenue
New York, New York
- Clothing Workers of America; Amalga-
mated (2)
General Office Hospital Expense Plan
15 Union Square
New York, New York 10003
- Clothing Workers of America; Amalga-
mated (2)
Retail Women's Apparel Salespeople's
Union
Relief and Benefit Fund
55 West 42nd Street
New York, New York 10036
- Consolidated Edison Employees' Mutual
Aid Society, Inc. (2)*
4 Irving Place
New York, New York 10003
- Ebinger Baking Co., Local 1111 (2)*
Health and Welfare Fund
251 West 42nd Street
New York, New York
- Electrical Industry, Joint Industry
Board (2)*
Hospitalization & Benefit Plan
158-11 Jewel Avenue
Flushing, New York 11365
- Electrical Manufacturing Industry (2)
Employees Retirement Fund
158-11 Jewel Avenue
Flushing New York, 11365
- Electrical Wholesalers Industry, (2)
Employees
Security Fund
158-11 Jewel Avenue
Flushing, New York 11365
- Electrical Workers (IUE) (2)
Local 408, United Optical Workers
Insurance Fund
150 Fifth Avenue
New York, New York 10011
- Empire Trust Company (2)
20 Broad Street
New York, New York 10005
- Electrical Workers (IBEW) (2)
Employees Security Fund
158-11 Jewel Avenue
Flushing, New York 11365
- Edicott-Johnson Corporation (2)*
Medical Department
67 Broad Street
Johnson City, New York
- Engineers; Operating, Locals 17, 106,
410, 463, 545, 832 (2)
Joint Welfare Fund
4325 So. Salina Street
Syracuse, New York 13205
- Engineers; Operating, Locals 138, 138A,
138B (2)
Nassau & Suffolk Counties
Welfare Fund
P. O. Box 206
Farmingdale, New York
- ERM Health and Group Insurance
Fund (2)
100 Clinton Street
Brooklyn, New York 11201
- Harold Faggen Associates Welfare
Fund (2)
853 Broadway
New York, New York 10003

NEW YORK—Continued
 Fresh Water Fish Workers (2)
 Local 359, Welfare Fund
 29 Peck Slip
 New York, New York 10038
 Furniture Workers Insurance Fund (2)
 700 Broadway
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 (2)*†
 Health & Welfare Fund of the Eastern
 Region
 1710 Broadway
 New York, New York 10017
 Garment Workers'; Ladies' (ILGWU)
 Local 124 (2)*†
 Theatrical Costume Workers' Union
 117 West 46th Street
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 177 (2)*†
 Health and Welfare Fund
 117 West 46th Street
 New York, New York 10036
 Garment Workers'; Ladies' (ILGWU)
 Local 142 (2)*†
 Ladies' Neckwear Workers' Union
 29-31 East 22nd Street
 New York, New York 10010
 Garment Workers'; Ladies' (ILGWU)
 Local 105 (2)*†
 Health and Welfare Fund
 575—8th Avenue
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 102 (2)*†
 Health Fund
 22 West 38th Street
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 99 (2)*†
 Distribution Employees Union
 275 Seventh Avenue
 New York, New York 10001
 Garment Workers'; Ladies' (ILGWU)
 Local 20 (2)*†
 Waterproof Garment Workers' Union
 273 West 39th Street
 New York, New York 10018
 Garment Workers'; Ladies' (ILGWU)
 Local 98 (2)*†
 Rubberized Novelty and Plastic Work-
 ers' Union
 29-31 East 22nd Street
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 91 (2)*†
 Children's Dress, Infants' Wear, House-
 dress & Bathrobe Makers' Union
 100 East 17th Street
 New York, New York 10018
 Garment Workers'; Ladies' (ILGWU)
 Local 64 (2)*†
 Health, Vacation and Old Age As-
 sistance Fund
 22 West 38th Street
 New York City
 Garment Workers'; Ladies'
 (ILGWU) (2)*†
 Joint Board of Cloak, Suit Shirt &
 Reefer Makers' Union
 22 West 38th Street
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 66 (2)*†
 218 West 40th Street
 New York, New York 10018
 Garment Workers'; Ladies'
 (ILGWU) (2)*†
 Northeast Department
 1710 Broadway
 New York, New York
 Garment Workers'; Ladies' (ILGWU)
 Local 62 (2)*†
 Undergarment & Negligee Workers'
 Union
 101 West 31st Street
 New York, New York 10001
 Garment Workers'; Ladies' (ILGWU)
 Local 60A (2)*†
 Health and Welfare Fund
 218 West 40th Street
 New York, New York 10018
 Garment Workers'; Ladies'
 (ILGWU) (2)*†
 Coat and Suit Designers' Health and
 Welfare Fund
 273 West 39th Street
 New York, New York 10018
 Garment Workers'; Ladies' (ILGWU)
 Local 40 (2)*†
 Belt Makers' Union
 49 West 37th Street
 New York City
 Garment Workers'; Ladies' (ILGWU)
 Local 38 (2)*†
 Ladies' Tailors Custom Dressmakers,
 Theatrical Costume and Alteration
 Workers' Union
 117 West 46th Street
 New York City
 Garment Workers'; Ladies' (ILGWU)
 Local 35 (2)*†
 Cloak, Skirt and Dress Pressers' Union
 22 West 38th Street
 New York, New York 10018

†This unit of the International Ladies' Garment Workers' Union contracts with I.L.G.W.U.'s Union Health Center at 275 Seventh Avenue, New York City, New York, for service. Although each unit is shown as obtaining care through a group practice arrangement, it should be understood that all obtain service from this one source. Information concerning the I.L.G.W.U.'s local units can be obtained from the I.L.G.W.U. Welfare and Health Benefit Department, 1710 Broadway, New York, N. Y. 10017.

NEW YORK—Continued

Garment Workers'; Ladies' (ILGWU)
Local 155 (2)*†
Knitgoods Workers' Union
815 Broadway
Brooklyn, New York 11206

Garment Workers'; Ladies' (ILGWU)
Local 32 (2)*†
Corset, Brassiere Workers' Union
275 Seventh Avenue
New York, New York 10001

Garment Workers'; Ladies' (ILGWU)
Local 25 (2)*†
Blouse and Waistmakers' Union
275 Seventh Avenue
New York, New York 10001

Garment Workers'; Ladies' (ILGWU)
Local 23 (2)*†
Skirt and Sportswear Workers' Union
275 Seventh Avenue
New York, New York 10001

Garment Workers'; Ladies' (ILGWU)
Local 10 (2)*†
Amalgamated Ladies' Garment Cutters'
Union
218 West 40th Street
New York, New York 10018

Garment Workers'; Ladies' (ILGWU)
Local 132 (2)*†
Plastic Molders & Novelty Workers'
Union
1710 Broadway
New York, New York 10017

Garment Workers'; Ladies'
(ILGWU) (2)*†
Joint Board of Dress and Waistmakers'
Union of Greater New York
218 West 40th Street
New York, New York 10018

Garment Workers'; Ladies'
(ILGWU) (2)
Kentucky Area
570 Seventh Avenue
New York, New York

General Electric (2)
Medical Care Plan for Pensioners
570 Lexington Avenue
New York, New York 10022

Group Health Dental Insurance, In-
corporated (1)
221 Park Avenue South
New York, New York 10003

Group Health Insurance, Inc. (1)
221 Park Avenue South
New York, New York 10003

Hatters, Cap and Millinery Workers,
Local 93 (2)
Health and Welfare Fund
28 Fishkill Avenue
Beacon, New York 12508

Hatters, Cap and Millinery Workers,
Local 110 (2)

Baby Bonnet Workers
49 West 37th Street
New York, New York 10018

Hatters, Cap and Millinery Workers,
Hat Trimmers Local #7 (2)
Welfare Fund
853 Broadway
New York 3, New York

Hatters, Cap and Millinery Workers,
Local 92 (2)
Millinery, Designers, Foremen and
Foreladies
Health Fund
49 West 37th Street
New York, New York

Hatters, Cap, and Millinery Workers (2)
National Health & Welfare Fund
245 5th Avenue
New York, New York 10016

Health Insurance Plan of Greater New
York (1)*
625 Madison Avenue
New York, New York 10022

Louis Hirsch Memorial Welfare Fund (2)
53-22 Roosevelt Avenue
Woodside, New York

Hod Carriers' Local 66 (2)
General Building
Laborers' Welfare Fund
1600 Walt Whitman Road
Melville, New York

Hod Carriers', Local 147 (2)
Construction Workers Welfare Fund
c/o Harold Faggen Associates, Inc.
853 Broadway
New York, New York 10003

Hod Carriers', Local 1298 (2)
Nassau-Suffolk Counties
Welfare Fund
681 Fulton Avenue
Hempstead, New York

Hotel Industry of New York City
Union Family Medical Fund (2)*
707 Eighth Avenue
New York, New York

Hotel & Restaurant Employees Local
Joint Executive Board (2)
Insurance Fund
890 Main Street
Buffalo, New York 14202

Hotel and Restaurant Employees Local
1, Dining Room Employees (2)
Welfare Fund
140 West 43rd Street
New York, New York 10036

Hotel and Restaurant Employees Wel-
fare & Insurance Fund (2)
602 Chamber of Commerce Bldg.
Syracuse, New York 13202

Hotel and Restaurant Employees Local
136, Welfare Fund (2)
5 Rutger Park
Utica, New York

† See footnote on page 88.

NEW YORK—Continued

Hotel and Restaurant Employees Local
164, Insurance Fund (2)
533 Greenwich Street
Hempstead, New York

IBM Employees Health Assn. (2)
1701 North Street
Endicott, New York

IBM World Trade Corp. (2)
IBM Family Hospitalization Plan
821 United Nations Plaza
New York, New York 10017

Illumination Products Industry (2)
Employees Retirement Fund
158-11 Jewel Avenue
Flushing, New York 11365

International Business Machines Corpora-
tion (2)
Family Hospitalization and Major Med-
ical Plans
Armonk, New York

Jewelry Workers', Local 18 (2)*
Welfare Fund
60 East 42nd Street
New York, New York 10017

Laundry Workers; Amalgamated Health
Center, Inc. (2)*
Insurance Fund
222-230 East 34th Street
New York, New York 10016

Leather Goods, Plastic and Novelty
Workers (2)
Health & Welfare Fund
265 West 14th Street
New York, New York 10011

John A. Manning Paper Co., Inc. (2)
Welfare Association
P. O. Box 328
Troy, New York

Marble Industry Trust Fund (2)
41 East 42nd Street
New York, New York 10017

Maritime Union; National (2)
Pension & Welfare Plans
36 Seventh Avenue
New York, New York 10011

Mason Tenders District Council (2)
Welfare Fund
215 Park Avenue South
New York, New York 10003

MCA, Inc. (2)
Health Plan
598 Madison Avenue
New York, New York 10022

Meat Cutters, Local 88F (2)
Fur Dressers' & Dyers Welfare Fund
109 West 26th Street
New York, New York 10001

Meat Cutters, Local 64 (2)
Fur, Leather and Fabric Welfare Fund
109 West 26th Street
New York, New York 10001

Meat Cutters, Local 234 (2)*
Hebrew Butcher Workers Distress &
Benefit Fund
37 Union Square West
New York, New York 10003

Meat Cutters, Local 627 (2)*
Provision Salesmen & Distributors Union
Welfare Trust Fund
27 Union Square
New York, New York 10003

Meat Cutters, Local 491 (2)
Shochtim Health and Welfare Fund
799 Broadway
New York, New York

Meat Cutters, Local 150 (2)
United Mechanics Welfare Fund
109 West 26th Street
New York, New York 10001

Meat Trade Institute Trust Fund (2)
420 Lexington Avenue
New York, New York 10017

Mitsui & Company, Ltd. (2)
Medical Compensation Fund
200 Park Avenue
New York, New York 10017

Montgomery County Trust Company (2)
Employees Benevolent Fund
6 Market Street
Amsterdam, New York

Mosaic and Terrazzo Welfare Fund (2)
23 East 26th Street
New York, New York 10010

New York Dental Service Corpora-
tion (5)
30 East 42nd Street
New York, New York 10017

New York Shipping Association (2)*
International Longshoremen's Assn.
Welfare Fund
80 Broad Street
New York, New York 10004

New York Shipping Association (2)*
Port Watchmen's Union (Ind.)
Welfare Fund
80 Broad Street
New York, New York 10004

Portable Lamp and Shade Industry
Benefit Plan (2)
158-11 Jewel Avenue
Flushing, New York 11365

Pulp, Sulphite and Paper Mill Work-
ers (2)
Local 299, Health & Welfare Fund
27 Union Square West
New York, New York 10003

Radio Association; American (2)
ARA Welfare Plan
270 Madison Avenue
New York, New York 10016

NEW YORK—Continued

Retail Clerks, Local 1111 (2)*
Retail Bakery & Confectionery Workers,
Health & Welfare Fund
251 W. 42nd Street
New York, New York

Retail, Wholesale & Chain Store Food
Employees Union (2)
Local 338, Health & Welfare Fund
Administration
130 West 42nd Street
New York, New York 10036

Retail, Wholesale & Department Store
Union, District 65 (2)
Security Plan
13 Astor Place
New York, New York 10003

Retail, Wholesale & Department Store
Union, Local 721 (2)
Men's Wear, Sporting Goods & Acces-
sories
270 Madison Avenue
New York, New York 10016

Retail, Wholesale & Department Store
Union, Local 585 (2)
Stationers' Association Welfare Fund
130 West 42nd Street
New York, New York

Roofers, Damp & Waterproof Workers,
Local 8 (2)
Insurance & Trust Fund
467 Dean Street
Brooklyn, New York

Scott Associates (2)
Scott Paper Company
Front & Market Streets
Fort Edward, New York

Sheet Metal Workers', Local 137 (2)
Insurance Fund
673 Broadway
New York, New York 10012

Shepard Niles Crane and Hoist Corpora-
tion (2)
Montour Falls, New York

Shoe Workers; United, Local 563 (2)*
Welfare Fund
23 Flatbush Avenue
Brooklyn, New York

Sidney Hillman Health Center, Inc. (2)*
16 East 16th Street
New York, New York 10003

Teamsters, Local 27 (2)*
Welfare Trust Fund
27 Union Square West
New York, New York

Teamsters, Local 272 (2)*
Welfare Fund
210 East 89th Street
New York, New York 10028

Teamsters, Local 295 (2)
Health and Welfare Fund
215 East 149th Street
Bronx, New York

Teamster, Local 1034 (2)*
Drum & Miscellaneous Workers Con-
tainer, Insurance Trust Fund
221 Park Avenue South
New York, New York 10003

Teamsters, Local 210 (2)
Industrial Division, Welfare Fund
300 West 43rd Street
New York, New York 10036

Teamsters, Local 813 (2)*
Private Sanitation Union
Insurance Trust Fund
221 4th Avenue
New York, New York

Teamsters, New York State Council
Welfare Trust Fund (2)
5 Rutgers Park
Utica, New York

Teamsters, Local 456 (2)*
Westchester Teamsters
Health and Welfare Fund
160 South Central Avenue
Elmsford, New York

Tile Layers Union, Local 52 (2)
Insurance and Welfare Fund
241 Church Street
New York, New York 10013

E. H. Titchener & Company (2)
Employees Benefit Plan
67 Clinton Street
Binghamton, New York

Toy Workers, Local 223 (2)*
Sick Benefit Fund
132 West 43rd Street
New York, New York 10036

Toy Workers, Local 238 (2)
Metalcraft Welfare Fund
59-26 Woodside Avenue
Queens, New York

Union Dime Club (2)
Hospital Surgical Plan
1065 Avenue of the Americas
New York, New York 10018

United Service Employees Union (2)
Local 377 Welfare Fund
130 West 42nd Street
New York, New York 10036

U.S. Rubber Company (2)
Surgical & In-hospital Medical Plan
1230 Avenue of the Americas
New York, New York 10020

Van Raalters Mutual Aid Association (2)
417 5th Avenue
New York, New York 10016

Western Savings Bank Hospitalization
Plan (2)
438 Main Street
Buffalo, New York 14202

NORTH CAROLINA

Celo Prepayment Center (1)
Medical Prepayment Plan
RR 5, Box 71
Burnsville, North Carolina
Chatham Manufacturing Co. (2)
Chatham Mutual Aid Assn.
Elkin, North Carolina
Fieldcrest Mills, Inc. (2)
United Mutual Aid Assn.
Spray, North Carolina
Unique Furniture Makers, Inc. (2)
1351 Stadium Drive
Winston-Salem, North Carolina

OHIO

Aerovent Fan Company, Inc. (2)
1 Aerovent Drive
Piqua, Ohio
Allis-Chalmers Manufacturing Co. (2)
Mutual Aid Trust
4620 Forest Avenue
Norwood, Ohio 45212
BancOhio Corporation and Affiliated
Banks (2)
51 North High Street
Columbus, Ohio 43215
Bricklayers and Masons' Local 5 (2)
Health and Welfare Fund
2105 East 21st Street
Cleveland, Ohio 44115
Community Health Foundation
11717 Euclid Avenue
Cleveland, Ohio 44106
The Dispatch Printing Co. WBNS-TV,
Division (2)
Hospital Confinement & Surgical Care
Benefit Plan
62 East Broad Street
Columbus, Ohio 43215
The Firestone Tire & Rubber Co. (2)
Health and Welfare Plan
1200 Firestone Parkway
Akron, Ohio 44317
Garment Workers'; Ladies'
(ILGWU) (2)*
Cleveland Apparel Industries Health
Fund
3233 Euclid Avenue
Cleveland, Ohio 44115
The B. F. Goodrich Co. (2)
500 S. Main Street
Akron, Ohio 44318
Goodyear Tire and Rubber Co. (2)
Akron, Ohio
The Goodyear Relief Assn. (2)
144 E. Market Street
Akron, Ohio 44316
Hercules Trouser Company (2)
Employees' Welfare Plan
570 South Front Street
Columbus, Ohio 43216

Hospital Service Association of Licking
County, Inc. (1)
603 Trust Building
Newark, Ohio
Mahoning & Trumbull County (2)
Building Trades Welfare Fund
100 West Avenue
Niles, Ohio
Medical Foundation of Bellaire (1)*
4211 Noble Street
Bellaire, Ohio
National Cash Register Co. (2)
Retired Employees Beneficiary Assn.
South Maine & K Streets
Dayton, Ohio 45409
The National Machinery Co. (2)
Hospital Benefit Plan
P. O. Box 804
Tiffin, Ohio
Northeastern Ohio AFL-CIO (2)
Welfare Fund
15 South State Street
Painesville, Ohio 44077
Ohio Company (2)
Hospital & Surgical Benefits Plan
51 North High Street
Columbus, Ohio 43215
Ohio Injector Company (2)
Employee's Benefit Association
Main Street
Wadsworth, Ohio
Ohio State Dental Care Corporation (5)
40 South Third Street
Columbus, Ohio 43215
Orr Felt & Blanket Co. (2)
Employee Welfare Plan
South Main Street
Piqua, Ohio
Pipe Machinery Co. (2)
Hospital and Surgical Plan
29100 Lakeland Boulevard
Wickliffe, Ohio
RadiOhio, Inc. (2)
Hospital Confinement & Surgical Care
Benefit Plan
62 East Broad Street
Columbus, Ohio 43215
Sauder Woodworking Co. (2)
502 Middle Street
Archbold, Ohio
Teamsters, Local 293 (2)
Welfare Fund
2070 East 22nd Street
Cleveland, Ohio
Teamsters, Local 407 (2)
Welfare Fund
1625 Illuminating Building
Cleveland, Ohio 44113
Teamsters, Local 964 (2)
Fleet Owners Welfare Fund
1625 Illuminating Building
Cleveland, Ohio 44113

OHIO—Continued

Therm-O-Disc, Inc. (2)
Employee Benefit Plans
150 East Broad Street
Columbus, Ohio

Union Central Life Ins. Co. (2)
Box 179
Cincinnati, Ohio 45201

OKLAHOMA

Blackwell Zinc., Inc. (2)
Blackwell, Oklahoma

Community Hospital-Clinic (1)*
Farmers Union Hospital Assn.
1705 West 2nd Street
Elk City, Oklahoma

Harrison Miller Memorial Hospital,
Inc. (1)*
210 North Clark
Hinton, Oklahoma

Northeast Oklahoma Railroad Co. (2)
N.E.O. Employees Hospital Assn.
Box 151
Miami, Oklahoma

Northwest Community Hospital
Assn. (1)*
Box 7
Mooreland, Oklahoma 73852

Sand Springs Railway (2)
Employees' Hospital Assn.
Box 427
Sand Springs, Oklahoma 74063

Video Independent Theaters, Inc. (2)
Employees' Benefit Trust Fund
P. O. Box 1334
Oklahoma City, Oklahoma

OREGON

Consolidated Freightways Health and
Welfare Division (2)
P. O. Box 2747
Portland, Oregon 97208

Eugene Hospital and Clinic (4)*
Medical Coverage Plan
1162 Willamette Street
Eugene, Oregon 97401

Garment Workers'; Ladies'
(ILGWU) (2)
Health and Welfare Fund
Local 70
515 Dekum Building
Portland, Oregon

Hills Creek Lumber Co. (2)*
Medical, Surgical and Service Plan
Jasper, Oregon

Industrial Hospital Assn. (1)
812 Washington Street Building
Portland, Oregon 97205

Kaiser Foundation Health Plan (Oregon
Region) (1)*

5055 North Greeley Avenue
Portland, Oregon

Klamath Medical Service Bureau (3)
415 Pine Street
Klamath Falls, Oregon

Northern Pacific Terminal Co. of Ore-
gon (2)
Hospital Department
Union Station, Room 209
Portland, Oregon 97209

Oregon Dental Health Foundation (5)
305 Selling Building
Portland, Oregon 97205

Portland General Electric Co. (2)
Employees Beneficial Assn.
3700 Southeast 17th Avenue
Portland, Oregon

Southern Oregon Health Service, Inc. (1)
233 S. E. 6 Street
Grants Pass, Oregon

Spokane, Portland and Seattle Railway
Employees' Medical Assn. (2)*
1101 Northwest Hoyt Street
Portland, Oregon 97209

PENNSYLVANIA

AF of L Medical Service Plan of Phila-
delphia (2)*
1226 Vine Street
Philadelphia, Pennsylvania

Ashland Knitting Mills, Inc. (2)
Health & Welfare Fund
Front & Chestnut Streets
Ashland, Pennsylvania 17921

Bessemer & Lake Erie Railroad Co. (2)
Mutual Benefit Association
P. O. Box 723
Greenville, Pennsylvania 16125

Bricklayers, Local 1 (2)
Welfare Fund
1300 W. Hunting Park Avenue
Philadelphia, Pennsylvania 19140

Bricklayers, Local 64 (2)
Welfare Fund
1107 Ridge Avenue
Philadelphia, Pennsylvania

Carpenters District Council of South
Jersey (2)
Health and Welfare Fund
One East Penn Square Building
Philadelphia, Pennsylvania

Carpenters, Local 2131 (2)
Welfare Fund
Suite 609-610 Thompson Building
Pottsville, Pennsylvania

Colonial Products Company (2)
Relief Association
Dallastown, Pennsylvania

Colonial Products Co., Assn. (2)
108 North 8th Street
Mifflinburg, Pennsylvania

PENNSYLVANIA—Continued

Eastern Gas & Fuel Associates, Coal Division (2)
Retired Employees Benefit Fund
1750 Koppers Bldg.
Pittsburgh, Pennsylvania 15219

Employees Hospital Committee (2)
c/o Indiana Hospital
Indiana, Pennsylvania

Engineers; Operating, of Eastern Pennsylvania and Delaware (2)
248 North 12th Street
Welfare Fund
Philadelphia, Pennsylvania

Garment Workers'; Ladies' (ILGWU) (2)*
Health Insurance Fund of Joint Council, Locals 79 & 246
1315-17 Walnut Street
Philadelphia, Pennsylvania

Garment Workers'; Ladies' (ILGWU) (2)*
Health Insurance Fund of the Philadelphia Joint Board
929 North Broad Street
Philadelphia, Pennsylvania

Garment Workers'; Ladies' (ILGWU) (2)*
Knitgoods Health Benefit Fund
2810 North Broad Street
Philadelphia, Pennsylvania

Garment Workers'; United (UGW) (2)
Local 140
201 North Broad
Philadelphia, Pennsylvania 19107

General Battery & Ceramic Corp. (2)
P. O. Box 1262
Reading, Pennsylvania 19603

Glosser Bros., Inc. (2)
Employees Welfare Club
Franklin and Locust Street
Johnston, Pennsylvania

The Hanover Shoe, Inc. (2)
Mutual Hospitalization and Surgical Beneficial Plan
118 Carlisle Street
Hanover, Pennsylvania 17331

Hatters, Cap and Millinery Workers (2)
Local 45
Health and Welfare Fund
121 North Broad Street
Philadelphia, Pennsylvania 19107

Sidney Hillman Medical Center (2)*
Male Apparel Industry of Philadelphia
2116 Chestnut Street
Philadelphia, Pennsylvania 19103

Inter-County Hospitalization Plan, Inc. (1)
Easton Road and Wesley Avenue
Glenside, Pennsylvania

Leeds and Northrup Co. (2)
Relief Association
North Wales, Pennsylvania

Peter J. Luger & Sons, Inc. (2)
Employee Club
Box 600
Beaver Falls, Pennsylvania

Male Apparel Industry (2)
Local 119
Health Fund
137 North 7th Street
Allentown, Pennsylvania

H. E. Millard Lime & Stone Co. (2)
Employee Benefit Plan
Annville, Pennsylvania

Milton Wood Products Co. (2)
Relief Association
Arch Street & Locust Street
Milton, Pennsylvania

New Process Co. (2)
Hospitalization and Medical and Surgical Plan
Warren, Pennsylvania

National Bank of Chester County (2)
17 North High Street
West Chester, Pennsylvania 19380

Philadelphia AFL-CIO Hospital Association (2)*
Langdon and Cheltenham Avenue
Philadelphia, Pennsylvania

Police & Firemen's Medical Assn. (2)*
323 Race Street
Philadelphia, Pennsylvania

Polish National Union of America (1)
1002 Pittston Avenue
Scranton, Pennsylvania 18505

Rochester & Pittsburgh Coal Co. (2)
Medical Fund
655 Church Street
Indiana, Pennsylvania

Rolle Manufacturing Co., Inc. (2)
32nd and Cannon Avenue
Lansdale, Pennsylvania 19446

Russellton Medical Group (4)*
1260 Martin Avenue
New Kensington, Pennsylvania 15068

ScotTissue Benefical Assn. (2)
Scott Paper Company
Market Street
Chester, Pennsylvania

Teamsters, Local 429 (2)
Health and Welfare Plan
113 North 8th Street
Reading, Pennsylvania

Teamsters Insurance Trust Fund (2)
Local 491
414 Gallatin Bank Building
Uniontown, Pennsylvania

Teamsters of Philadelphia & Vicinity (2)
Health and Welfare Fund
530 Walnut Street
Philadelphia, Pennsylvania 19106

PENNSYLVANIA—Continued

Textile Machine Works (2)
Employees Benefit Association
P. O. Box 64
Wyomissing, Pennsylvania 19610

Tile Layers Union No. 6 (2)
Welfare Fund
1109 Ridge Avenue
Philadelphia, Pennsylvania

Title and Marble Helpers (2)
Local 32
Welfare Fund
1105 Ridge Avenue
Philadelphia, Pennsylvania

PUERTO RICO

Cooperative Azucarera Los Canos (2)
Hospitalization Plan
P. O. Box 654
Arecibo, Puerto Rico

Plan de Beneficia Central Coloso (2)
Central Coloso
Coloso, Puerto Rico 00641

Compania Ron Llave (2)
Welfare Plan
P. O. Box 477
Arecibo, Puerto Rico 00163

Arbona Hermanos, Division (2)*
Nabisco, S. A.
Hospitalization & Medical Plan
P. O. Box 278
Mayaguez, Puerto Rico

Fondo De Bienestas (2)*
UTM-PRSSA Welfare Fund
253 San Agustin St.
Puerta de Tierra
San Juan, Puerto Rico 00906

Chicago Bridge & Iron Co., Ltd (2)
Chibridge Benefit Plan of Puerto Rico
P. O. Box 1924
Ponce, Puerto Rico

Fajardo Eastern Sugar Associates (2)
Welfare Fund of Central Santa Juana
P. O. Box 507
Fajardo, Puerto Rico 00647

Fajardo Eastern Sugar Associates (2)
Welfare Fund of Central Pasto Viejo
P. O. Box 507
Fajardo, Puerto Rico 00649

Fajardo Eastern Sugar Associates (2)
Welfare Fund of Central Cayey
P. O. Box 507
Fajardo, Puerto Rico 00649

Fajardo Eastern Sugar Associates (2)
Welfare Fund of Central Juncos
P. O. Box 507
Fajardo, Puerto Rico 00649

Fajardo Eastern Sugar Associates (2)
Welfare Fund of Factory and RR
Central Fajardo
P. O. Box 507
Fajardo, Puerto Rico 00649

Garment Workers'; Ladies' (2)
Local 601 Puerto Rican ILGWU
Health and Welfare Fund
1254 Avenida Ponce de Leon
Santurce, Puerto Rico

Garment Workers'; Ladies' (2)
Puerto Rican ILGUW Health and
Welfare Fund
1254 Avenida Ponce de Leon
Santurce, Puerto Rico

Longshoremen's Association (2)*
Welfare Fund
P. O. Box 2374
San Juan, Puerto Rico 00903

Seafarers Welfare Plan (2)*
Puerto Rico Division
1856 Fernandez Juncos Avenue
Santurce, Puerto Rico

Sobrinos de Portilla, Inc. (2)*
P. O. Box 1382
San Juan, Puerto Rico

Univis Optical Corp. (2)*
Welfare Fund
Box 717
Guayama, Puerto Rico

SOUTH CAROLINA

Joanna Relief Chest, Inc. (2)
Joanna, South Carolina 29351

SOUTH DAKOTA

Homestake Mining Company (2)*
214 West Main
Lead, South Dakota

TENNESSEE

GENESCO, Inc. (2)
111 Seventh Avenue, North
Nashville, Tennessee

Clothing Workers of America; Amalga-
mated (2)
Knox Manufacturing Corporation
Health Fund
308 Bank of Knoxville
Knoxville, Tennessee

TEXAS

Ada Oil Company (2)
Mutual Aid Benefit Assn.
P. O. Box 844
Houston, Texas 77011

Baytown Mutual Benefit Assn. (2)*
P. O. Box 3919
Baytown, Texas

Burlington-Rock Island Employees
Hospital Assn. (2)
324 Union Station Building
Houston, Texas 77002

Commercial Metals Company (2)
Employees Benefit Plan
P. O. Box 1046
Dallas, Texas 75221

TEXAS—Continued

Dallas County Medical Plan (3)
433 Medical Arts Building
Dallas, Texas

El Paso Electric Company Employees
Society (2)*
P. O. Box 982
El Paso, Texas

Fire Fighters; International Association
of (2)
Local 341
1907 Freeman Street
Houston, Texas

Fort Worth & Denver Railway Com-
pany, Employees (2)
Hospital Association
307 West 6th Street
Fort Worth, Texas 76101

Galveston Wharves Hospital Fund (2)*
802—25th Street
Galveston, Texas

Gulf Coast Lines Employees' Hospital
Association (2)
1601 West Alabama
Houston, Texas 77006

Houston Belt & Terminal Employees
Hospital Assn. (2)*
318 Union Station Building
Houston, Texas 77002

Kirby Hospital Association (2)*
P. O. Box 53029
Houston, Texas 77052

Missouri-Kansas-Texas RR Employ-
ees (2)*
Hospital Association
P. O. Box 340
Denniston, Texas

Parmer County Community Hospital,
Inc. (2)*
Box 365
Firona, Texas

Port Terminal Railroad Assn. (2)*
Employees' Hospital Assn.
P. O. Box 9437
Houston, Texas 77011

Quanah Acme & Pacific Railway Co. (2)
Employees' Hospital Assn.
P. O. Box 240
Quanah, Texas 79252

The Southern Pacific Lines in Texas &
Louisiana (2)*
Hospital Association
2015 Thomas
Houston, Texas

Texas City Terminal Railway Co. (2)
Employees Hospital Assn.
Box 591
Texas City, Texas

Uvalde Rock Asphalt Co. (2)*
Mines Employee Doctor Fund
P. O. Box 531
San Antonio, Texas 78206

UTAH

Beneficial Life Insurance Co. (2)
Mutual Aid Fund
47 West South Temple
Salt Lake City, Utah

Combined Metals Reduction Co. (2)
Bauer Welfare Association
P. O. Box 132
Stockton, Utah

Granite Mill & Fixture Co. (2)
Employees Fund
1145 Wilmington Avenue
Salt Lake City, Utah 84106

International Smelting & Refining Com-
pany (2 plans) (2)*
Welfare Plan-Medical & Hospital Serv-
ices
R.F.D. #1
Tooele, Utah 84074

Tooele Valley Railway Co. (2)*
Welfare Plan-Medical & Hospital Serv-
ices
35 North Broadway
Tooele, Utah 84074

Union Pacific Railroad Employees
Hospital Association (2)*
19 West South Temple Street
Salt Lake City, Utah

Utah Parks Company (2)*
Cedar City, Utah

VIRGINIA

Bristol Builders Supply Company,
Inc. (2)
Hospital Insurance Plan
220 Lee Street
Bristol, Virginia

Chesapeake & Ohio Railway Com-
pany (2)*
Employees Hospital Association
Merchants National Bank Building
Richmond, Virginia

Colonial Williamsburg Employees (2)
P. O. Box 516
Williamsburg, Virginia

Dixie Jute Bagging Corp. (2)
Employees Benefit Assn.
110 Colley Avenue
Norfolk, Virginia 23510

Lynchburg Hosiery Mills Assn. (2)
7234 Fort Avenue (2 plans)
Lynchburg, Virginia

Mattie Williams Hospital and Grundy
Hospital Inc. (4)*
200 Washington Square
Richlands, Virginia

Morganstern Pants Company (2)
401 Willis Street
Fredericksburg, Virginia

VIRGINIA—Continued

Reynolds Metals Company (2)
Hospital-Surgical Benefits for Retired
Employees
6601 W. Broad Street,
Richmond, Virginia
Southwest Virginia Community Health
Service, Inc. (2)*
P. O. Box 557
Clintwood, Virginia

WASHINGTON

Community Medical Services, Inc. (4)*
1106 Summit Avenue
Seattle, Washington 98101
Garment Workers'; Ladies'
(ILGWU) (2)
Local 184 Trust
302 Orpheum Building
Seattle, Washington
Group Health Cooperative of Puget
Sound (1)*
200—15th Avenue East
Seattle, Washington 98102
Group Health Dental Cooperative (1)*
115—15th Avenue East
Seattle, Washington 98102
Milwaukee Hospital Assn. (2)
1656 Medical & Dental Building
Seattle, Washington 98101
Snohomish County Beneficial Assn. (1)
Labor Temple
Seattle, Washington
Tri-County Hospital Assn. (1)*
Box 547
Deer Park, Washington
Washington Dental Service (5)
100 2nd Avenue
Seattle, Washington 98109
Western Clinic (4)*
Sixth Avenue at South K Street
Tacoma, Washington
Weyerhaeuser Timber Company (2)
Big "W" Medical & Hospital Assn.
Box 1228
Everett, Washington

WEST VIRGINIA

Bluefield Sanitarium, Inc. (1)*
307 Ramsey Street
Bluefield, West Virginia
Ensign Electric & Manufacturing Co. (2)
Welfare Plan
P. O. Box 320
Huntington, West Virginia
Morgantown Hospital Service, Inc. (1)
265 High Street
Morgantown, West Virginia

WISCONSIN

Aid Association for Lutherans (2)

Retired Employees Medical Insurance
Plan
222 West College Avenue
Appleton, Wisconsin
Combined Locks Paper Co. (2)
Employees Benefit Association
Combined Locks, Wisconsin
Consolidated Papers, Inc. (2)
Employees' Benefit Association
P. O. Box 50
Wisconsin Rapids, Wisconsin
Patrick Cudahy, Inc. (2)
E. Barnard Avenue
Cudahy, Wisconsin
Cutler-Hammer Employees Mutual Ben-
efit Association (2)
4201 North 27th Street
Milwaukee, Wisconsin 53216
Daniels Manufacturing Company (2)
Surgical & Hospital Care
114 W. Kemp Street
Rhineland, Wisconsin
S. C. Johnson & Sons, Inc (2)
Johnson Mutual Benefit Association
1525 Howe Street
Racine, Wisconsin
Junior House Health & Benefit Fund,
Inc. (2)
710 So. Third Street
Milwaukee, Wisconsin
Kimberly-Clark Corporation (2)
Mutual Benefit Association
North Lake Street
Neenah, Wisconsin
The Monark Supply Company (2)
Mutual Benefit Plan
5829 West National Avenue
Milwaukee, Wisconsin
Nekoosa-Edwards Paper Co. (2)
Nepco Employees Mutual Benefit Assn.
Port Edwards, Wisconsin
Phillips & Sons, Inc. (2)
Health Fund
613 Wisconsin Street
Eau Claire, Wisconsin
H. C. Prange Co. (2)
Associates' Mutual Aid Society
727 North 8th Street
Sheboygan, Wisconsin
Jos. Schlitz Brewing Company (2)
Medical Care Plan
235 West Galena Street
Milwaukee, Wisconsin 53201
Thilmany Pulp & Paper Company (2)
Employees' Association
Kaukauna, Wisconsin 54130
Transport Employees' Mutual Benefit
Society (2)
3939 West McKlinley Avenue
Milwaukee, Wisconsin 53208

WISCONSIN—Continued

Waushara County Cooperative Health
Association, Inc. (1)*
Wild Rose, Wisconsin

Wisconsin Electric Power Company (2)*
Employees' Mutual Benefit Assn.
231 West Michigan Street
Milwaukee, Wisconsin 53201

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